

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Jackson Abbott

Town *Fondlebury* County *Baltimore* MARYLAND

Died at *Fondlebury*

Date of death *1908* Month *9* Day *26* Age *80* Years Months *3* Days *10*

Sex *Male* Color or Race *White* Birthplace *Maryland*

Occupation *Retired Lumber* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Rebecca Stansbury*

Father's Name *David Abbott* Father's Birthplace *Maryland*

Mother's Maiden Name *Miss Elizabeth Brown* Mother's Birthplace *England*

Name of person giving information *James Fowler* How related to deceased *Son-in-law*

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *5 days*

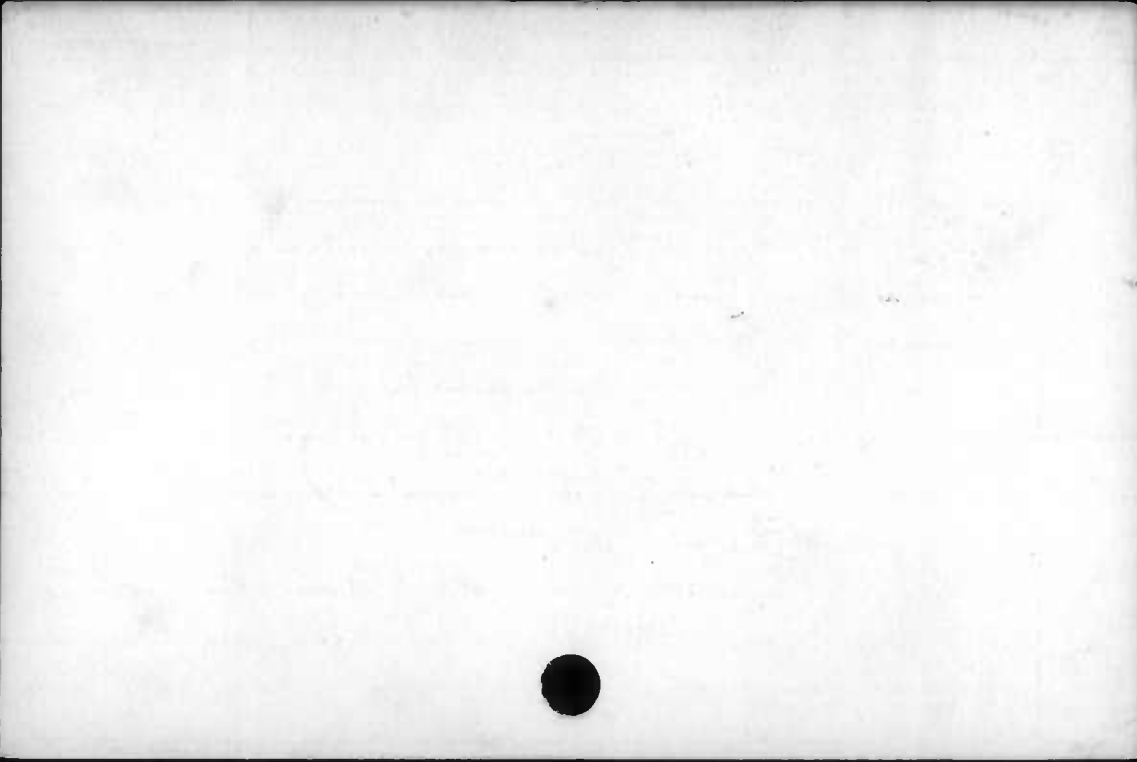
Immediate *—* How long

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Jas. H. Wilson M.D.*

Address *Fondlebury Md.*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Irvington</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>7</i>	Age <i>5-8</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>France</i>			
Occupation <i>Sister</i>	Where Residing if not at place of death <i>Irvington</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>George Barneto</i>	Father's Birthplace <i>France</i>				
Mother's Maiden Name <i>Domineque Sallsoot</i>	Mother's Birthplace <i>France</i>				
Name of person giving information <i>Mother Marie</i>	How related to deceased <i>Not at all</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long <i>18 Month</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>L. C. Linn Skir M.D.</i>
		Address <i>652 Columbia Ave.</i>
Accident or Suicide?		

Wendell Goppel & Son.

Mt. Washington. St Agnes
Cemetery.

Name
in
Full

Emma Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highland ^{County} Balto MARYLAND

Date of death 1908 ^{Month} Sept ^{Day} 22 Age ^{Years} ~~46~~ ^{Months} — ^{Days} 16

Sex Female Color or Race white Birth-place Highland

Occupation — Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name

Lawrence Barrett

Father's
Birthplace

Balto

Mother's
Maiden Name

Ida Jaeger

Mother's
Birthplace

Balto

Name of person giving
Information

Mr Emma Jaeger

How related
to deceased

Grandmother

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary

Cyanosis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. S. Warner

Address

1120 Highland av

Accident or Suicide?

no

Wilbur W. Schriver,
316 W. Fremont Ave.

316 W. Fremont Ave.

Mc Lane
clearing

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph M. Beavans</i>		Town <i>Highlandtown</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>8</i>		Day <i>17</i>		Years <i>8</i>	
Date of death 190 <i>8</i>		Month <i>9</i>		Day <i>17</i>		Years <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto</i>		Days <i>11</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>341 S. Clinton</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Beavans</i>				Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Maud Higgs</i>				Mother's Birthplace <i>St. Marys</i>			
Name of person giving Information <i>Robt. F. Johnson</i>				How related to deceased <i>Uncle</i>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(105)
Primary <i>Diarrhoea</i>	How long <i>3 weeks</i>	
Immediate <i>Exhaustion</i>	How long <i>48 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. J. Maxwell</i>	
Accident or Suicide <i>No</i>	Address <i>31 Gough, Highlandtown</i>	

Spencer Wharf
St. Mary's Co.

Hernigson

9/18/08

Name in Full *Rosie Beckman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept.</i>	Day <i>4^A</i>	Age <i>3</i>	Months <i>7</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hamilton Balto. Co.</i>		
Occupation <i>—</i>			Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles H. Beckman</i>			Father's Birthplace <i>Balto. City</i>		
Mother's Maiden Name <i>Mary Blanch Curran</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mr. Charles H. Beckman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. Vinal</i>
	Address <i>Hamilton, Md.</i>
Accident or Suicide? <i>—</i>	

Henry Hoeck & Son
Holy Redeemer Cemetery

me
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Bell</i>				County <i>Balto</i>		State <i>MARYLAND</i>	
Died at <i>near Parkton</i>		Town <i>Parkton</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>9</i>		Day <i>1</i>		Age <i>77</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months <i></i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha E. Bell</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Martha E. Bell</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senectus</i>		How long <i>years</i>	
Immediate <i>Asthma</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. M. Boyd, M.D.</i>	
<i>9</i>		Address <i>Parkton</i>	
Accident or Suicide? <i></i>		<i>MD. 7</i>	



Name
in
Full

Ruth M Bell

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roslyn</i> ^{Town}		<i>Baltimore</i> ^{County -}		MARYLAND	
Date of death <i>1908</i>	<i>9</i> ^{Month}	<i>5</i> ^{Day}	<i>3</i> ^{Years}	<i>1</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Balt. Co</i>		
Occupation _____		Where Residing if not at place of death <i>Roslyn</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Wm Bell</i>		Father's Birthplace <i>Balt. Co</i>			
Mother's Maiden Name <i>Lilian Whiters</i>		Mother's Birthplace <i>Balt. Co</i>			
Name of person giving information <i>Wm Bell</i>		How related to deceased <i>Father</i>			

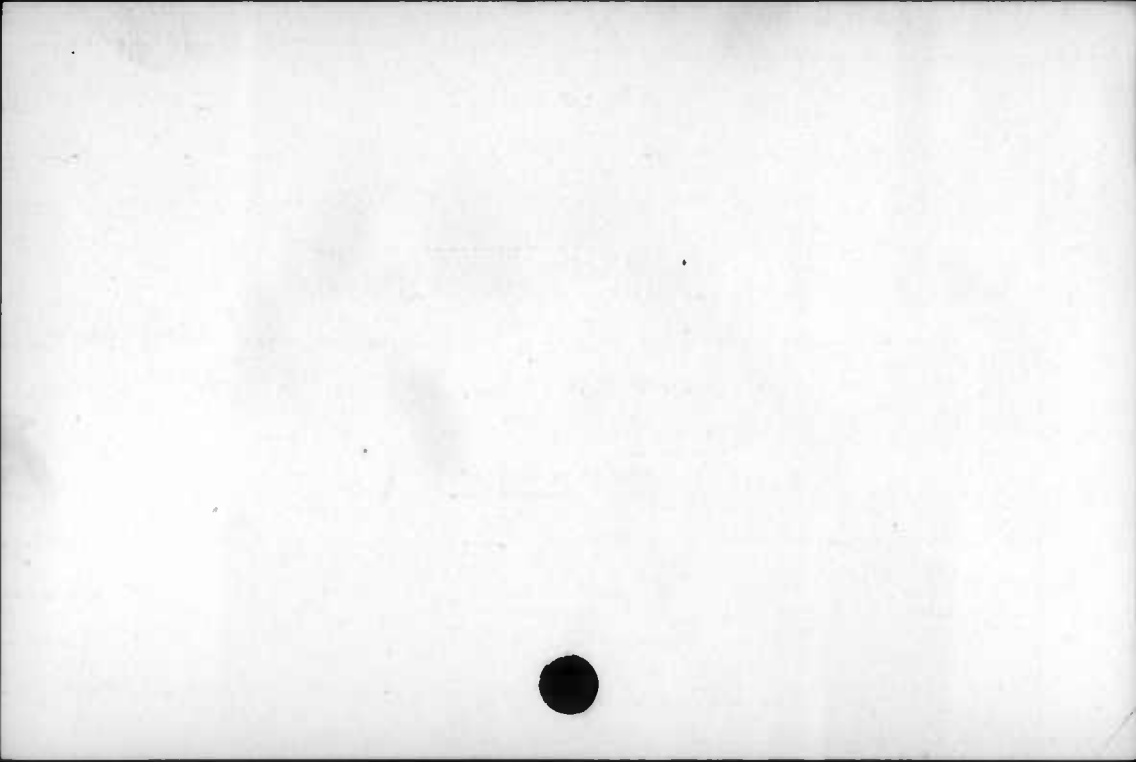
CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>Five Days</i>
Immediate <i>Meningitis</i>	How long <i>4 Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>St Louis May Jr</i>
	Address <i>Pittsville</i>
	Accident or Suicide?

Mch 3



Name
in
Full

Christina Bermond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
Date of death 1908		Month 9	Day 1	Age 68	Months - Days -
Sex Female		Color or Race White		Birth-place Germany	
Occupation None		Where Residing if not at place of death		418 S. Clinton	
Married, Single or Widowed Widowed		Name of Wife or Husband John Bermond			
Father's Name Unknown		Father's Birthplace Unknown			
Mother's Maiden Name Unknown		Mother's Birthplace Unknown			
Name of person giving Information Frederick Kember		How related to deceased		Son in law	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	12 days
Immediate	Exhaustion	How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. F. A. Glantz
Yes		Address	3241 Eastern Ave. E.
Accident or Suicide			

Balto. Bern.

J Hennig for

9/4/08

Name
in
Full

Evaline P. Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Western Run</i> ^{Town}		<i>Balls</i> ^{County} <i>Co</i>		MARYLAND	
Date of death	<i>190</i> ^{Month} <i>8</i> ^{Day} <i>Sep</i>	<i>9</i> ^{Years}	<i>5</i> ^{Months}	<i>9</i> ^{Days}	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>White Hall</i>
Occupation		Where Residing if not at place of death			
Married , Single		Name of Wife or Husband			
Father's Name	<i>Walter Ford</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Viola Bosley</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Viola Bosley</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>4 Weeks</i>
Immediate	<i>Gastro enteritis</i>	How long	<i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. H. Brown</i>	
		Address	
		<i>Brooksville</i>	
Accident or Suicide?			
<i>no</i>		<i>ma</i>	

Funeral at Pine Grove

Friday 10th
" "

M. C. Brooks

Name
in
Full

Mrs Olga Braun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

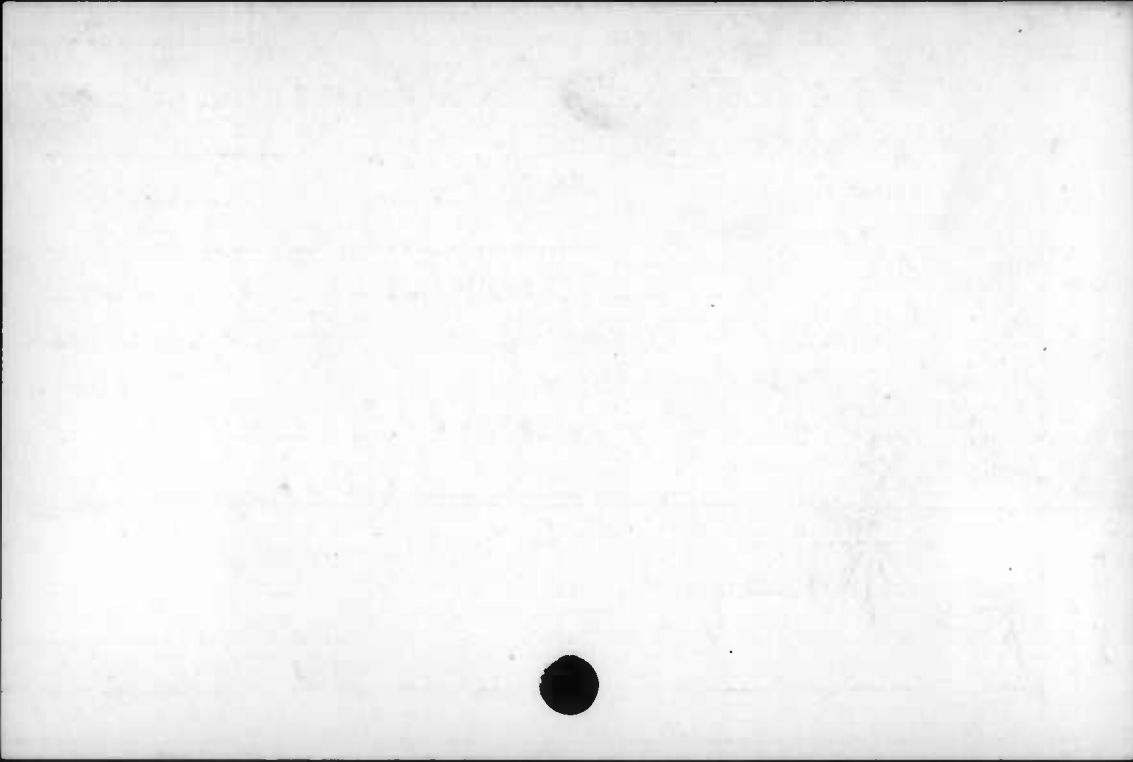
Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept.</i>		Day <i>13</i>		Age <i>54</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>House maid</i>		Where Residing if not at place of death <i>St. Agnes' Hospital</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Lenhard Braun</i>					
Father's Name <i>Fred. Werner</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Mrs Emma Riedel</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>1 month</i>
Immediate <i>Uraemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. T. Androck M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leatonville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>Sept</i> ^{Month}	<i>27</i> ^{Day}	Age <i>73</i> ^{Years}	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Link</i>				
Father's Name <i>Link</i>	Father's Birthplace <i>Baltimore, Md.</i>				
Mother's Maiden Name <i>Link</i>	Mother's Birthplace <i>Baltimore, Md.</i>				
Name of person giving information <i>—</i>	How related to deceased				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>20 yrs.</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. M. Mac</i>
Accident or Suicide? <i>No.</i>	Address <i>Leatonville, Md.</i>

E. M. Mitchell.
London Park Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

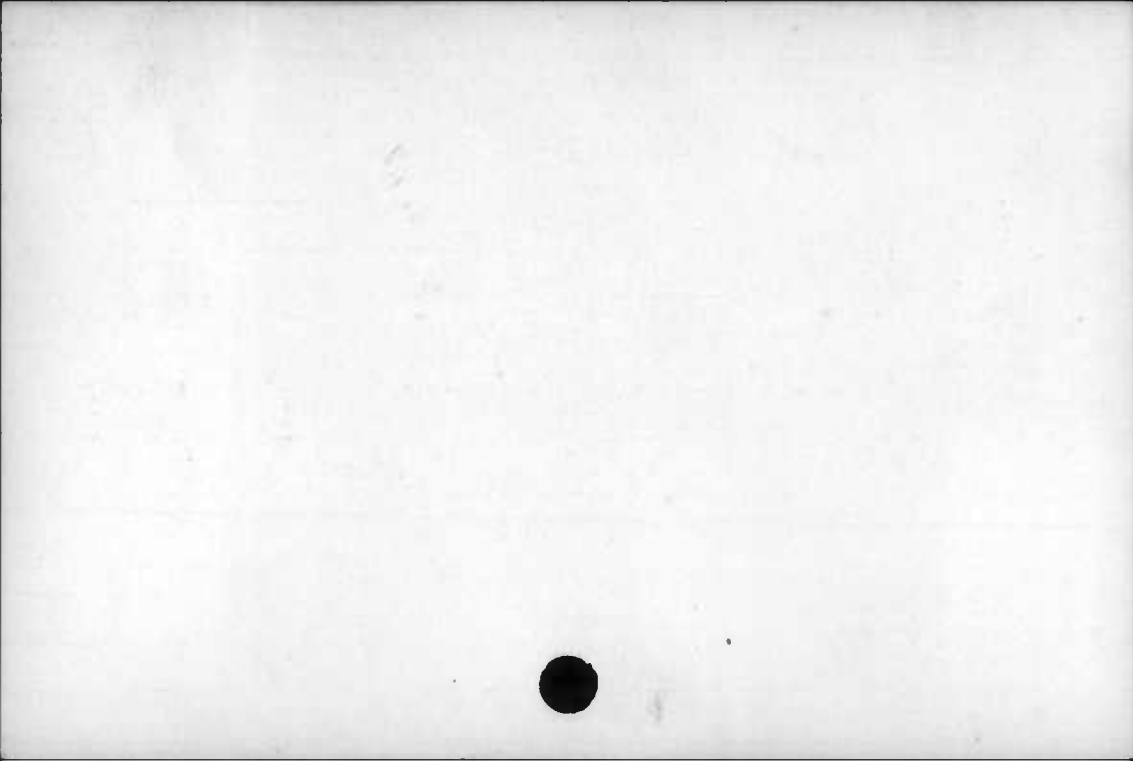
Name in Full <u>Brown, Preston</u>		Town <u>Heatersville</u>		County <u>Baltimore</u>		State <u>MARYLAND</u>	
Died at		Date of death <u>1908 Sept 30</u>		Age <u>28</u>		Months <u> </u> Days <u> </u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>X</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>X</u>					
Father's Name <u>unk</u>		Father's Birthplace <u>unk</u>					
Mother's Maiden Name <u>unk</u>		Mother's Birthplace <u>unk</u>					
Name of person giving information <u>—</u>		How related to deceased <u>—</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Indecapacity</u>	How long	<u>Life</u>
Immediate	<u>Pulmonary Tuberculosis</u>	How long	<u>3 mos</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. Percy Wade</u>	
		Address <u>Heatersville, Md</u>	
Accident or Suicide? <u>No</u>		<u>1st District</u>	



Name
in
Full

Herman Buschman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Hamilton ^{County} Balto Co

MARYLAND

Date of death 190 ^{Month} 8 ^{Day} Sept. 29, ^{Years} Age 74

Months Days

Sex Male Color or Race White

Birthplace Lohr Oldenburg Germany

Married, Single or Widowed Married

Occupation Retired

Name of Wife or Husband Mary Anna Kramer

Father's Name Francis Buschman

Father's Birthplace Lohr Oldenburg

Mother's Maiden Name Catherine Kramer

Mother's Birthplace Germany

Name of person giving information H. J. Kohler

How related to deceased Son-in-law

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Bilethosis of the Liver

How long several months

Immediate Cerebral Hemorrhage

How long 48 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S. C. E. Vogler M.D.

Address Hamilton Ave Harbor Bay

Accident or Suicide? No

Hamilton Baltimore Co Md

Stewart & Mowen Co
Undertakers
215 - Park Av.

708 Interment in
New Cathedral City.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George F. Carter

Town *Chesnut Ridge* County *Balto* MARYLAND

Died at

Date of death *1908* Month *9* Day *4* Age *24* Years Months *11* Days *2*

Sex *Male* Color or Race *White* Birth-place *Balto. Md*

Occupation *Laborer* Where Residing if not at place of death *as above*

Married, Single or Widowed *Married* Name of Wife or Husband *Annie Carter*

Father's Name *Joseph Carter* Father's Birthplace *England*

Mother's Maiden Name *Mary Redman* Mother's Birthplace *Balto Co. Md*

Name of person giving information *Joseph Carter* How related to deceased *Father*

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary *Cerebro Spinal Meningitis* How long *10 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. F. C. Bussey* Address *Texas Md. 8*

Accident or Suicide? *No*

J. S. Marshall

3539 Fall Road

Poplar Cemetery

Sept. 7-1908

Box 10

Joseph Hartley

Box 10

Box 10

Box 10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *White Hall, Md* ^{Town} *Baltimore* ^{County}Date
of death *1908*Month
*Sept.*Day
*27*Age
*76*Months
8

Days

Sex *Male*Color or
Race *White*Birth-
place *Harford Co. Md.*Occupation
*Contractor*Where Residing if not
at place of death*Washington, D.C.*Married, Single
or Widowed *Widowed*Name of Wife or
Husband*Amanda Adams*Father's
Name *Joseph Cathcart*Father's
Birthplace *Don't Know*Mother's
Maiden Name *Florence McAllister*Mother's
Birthplace *Don't Know*Name of person giving
information *Eva M. Cathcart*How related
to deceased *Granddaughter*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

*Indigestion Acute.*How long *Short time*

Immediate

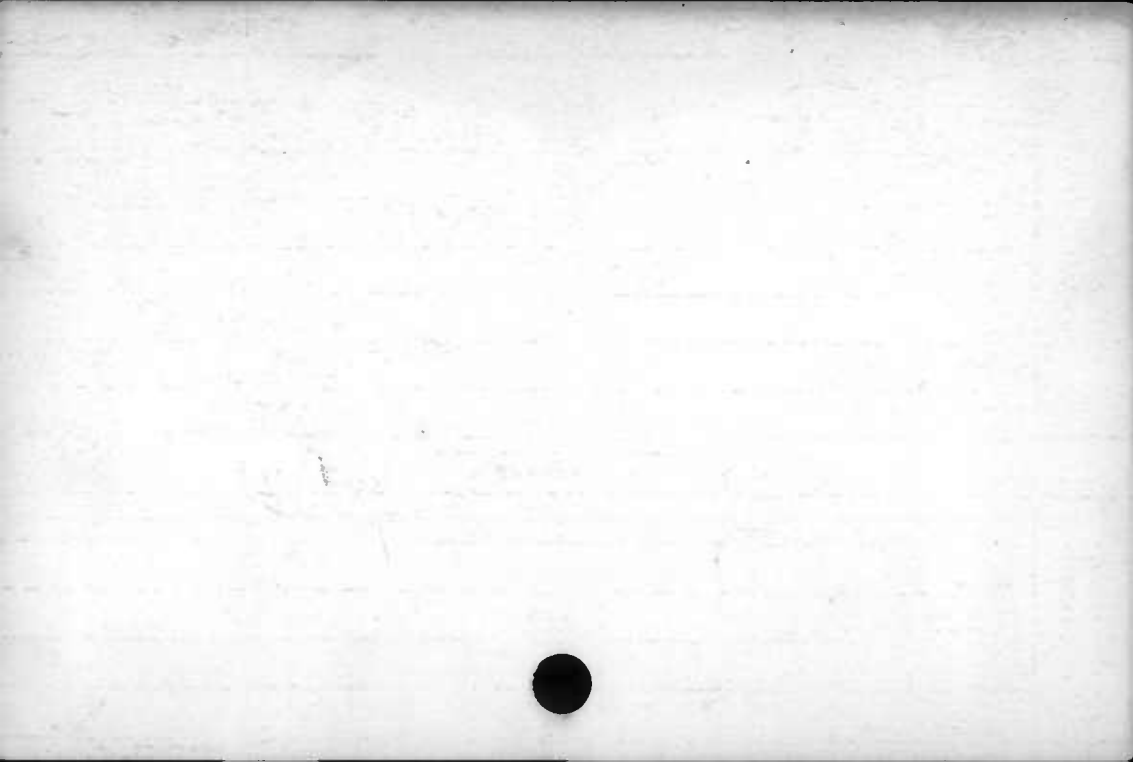
*Valvular Heart Disease*How long *Short time*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Thomas C. Baccus*

Address

White Hall

Accident or Suicide?

*Md.**7*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town} <u>Baltimore</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u> ^{Month} <u>Sept</u> ^{Day} <u>10</u> ^{Years}	<u>2</u> ^{Months}	<u>24</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>
Occupation	<u>None</u>	Birth-place	<u>Highlandtown</u>
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	<u>Thomas W. Clark</u>	Father's Birthplace	<u>Va</u>
Mother's Maiden Name	<u>Mary Catherine Simpson</u>	Mother's Birthplace	<u>Harford Co Md</u>
Name of person giving information	<u>Thomas W. Clark</u>	How related deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Acute Intero-Colitis</u>	How long	<u>3 days</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. L. Peckard</u>
		Address	<u>910 S. Canton St</u>
Accident or Suicide?	<u>No</u>		

Sacred Heart Cem. Sep 11

Silby Geo Fisher

403 S. Wolfe St.

Name in Full George W. Collier		CERTIFICATE OF DEATH	
Died at 336 Eastern Ave <small>Town</small> Balto <small>County</small>		MARYLAND	
Date of death 1908 <small>Month</small> Sept <small>Day</small> 19 <small>Years</small> 33		<small>Months</small> <small>Days</small>	
Sex Male <small>Color or Race</small> White <small>Birth-place</small> Eastern			
Occupation Arrejan Wre Suggs <small>Where Residing if not at place of death</small> Same			
Married, Single or Widowed Married <small>Name of Wife or Husband</small> Winnie Collier			
Father's Name Unknown <small>Father's Birthplace</small> Unknown			
Mother's Maiden Name Unknown <small>Mother's Birthplace</small> Unknown			
Name of person giving information Norman T. Schenck <small>How related to deceased</small> None			
CAUSES OF DEATH			
Primary Cardiac Syncope <small>How long</small> 79			
Immediate 79 <small>How long</small>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. B. Sudler	
		Address 336 E. Balto St	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. Herwig & Son

Remains to be

shipped -

Easton

Med. -

Sept 19/08

Name
in
Full

Vincenz Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

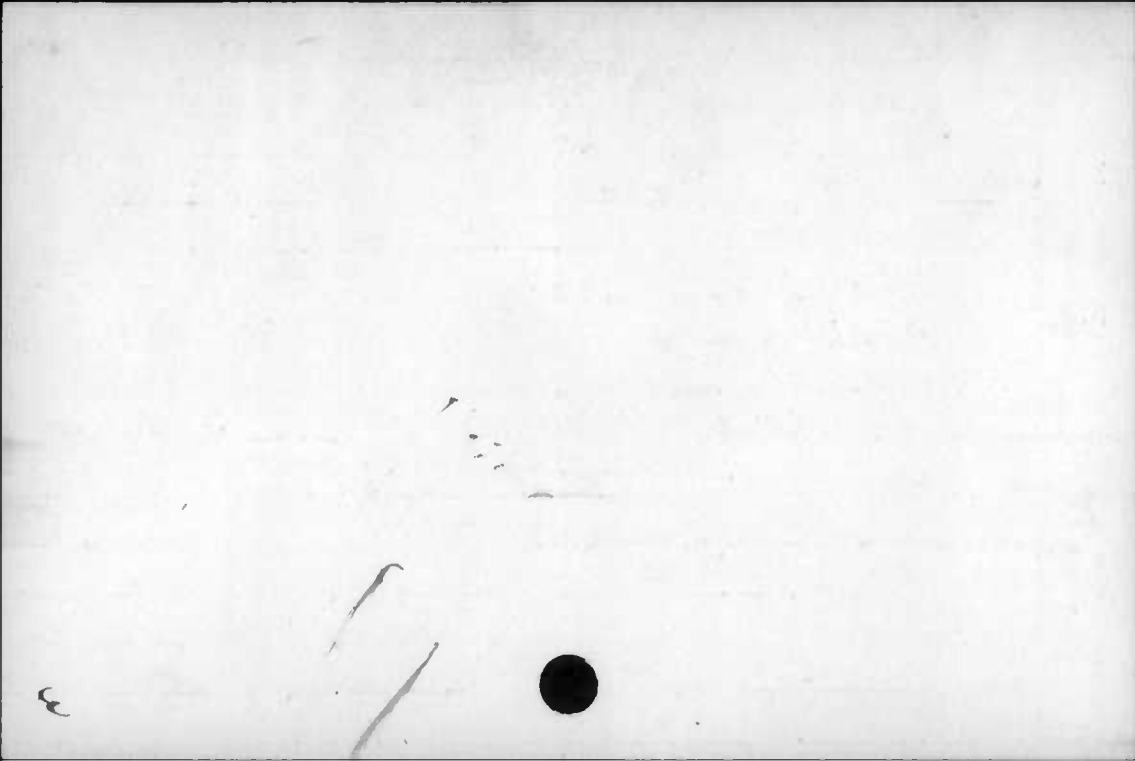
Died at		Town Sparrows Pt		County Baltimore		MARYLAND	
Date of death	1908	Month Sept	Day 2	Age 25	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	Austria
Occupation	Laborer			Where Residing if not at place of death		Sparrows Pt	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	unknown				Father's Birthplace	Austria	
Mother's Maiden Name	unknown				Mother's Birthplace	Austria	
Name of person giving In formation	Marie Pfaff				How related to deceased	Chief of Police	

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	How long	—
Immediate	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		H. K. Peltzman M.D.
		Address
		Sparrows Pt
Accident or Suicide?	Accident	M.D. 15



Name
in
Full

Harmar C Denny S J

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

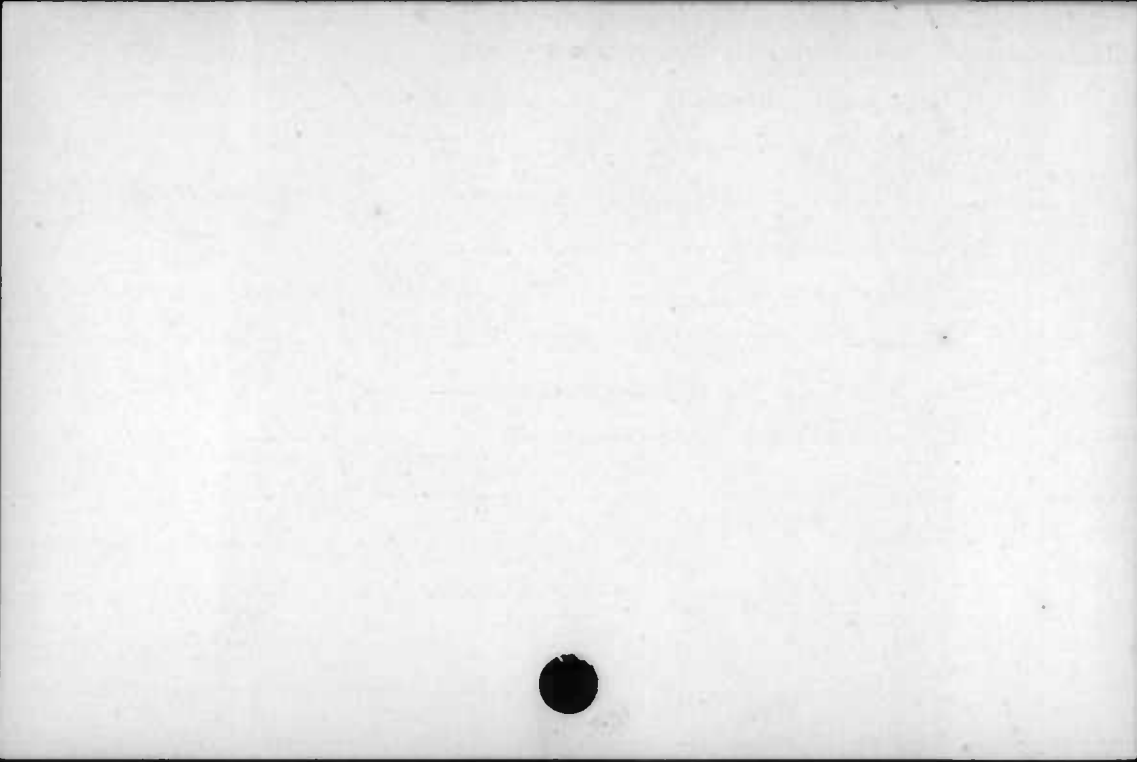
Died at <i>Woodstock</i> Town		<i>Balt</i> County			
Date of death	<i>1908</i>	Month	<i>Sept</i>	Day	<i>4</i>
Age	<i>75</i>	Years		Months	<i>3</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Pa</i>
Occupation	<i>Crist</i>		Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>		
Mother's Maiden Name	<i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>		
Name of person giving information	<i>Joe Hagerty</i>		How related to deceased <i>none</i>		

CAUSES OF DEATH

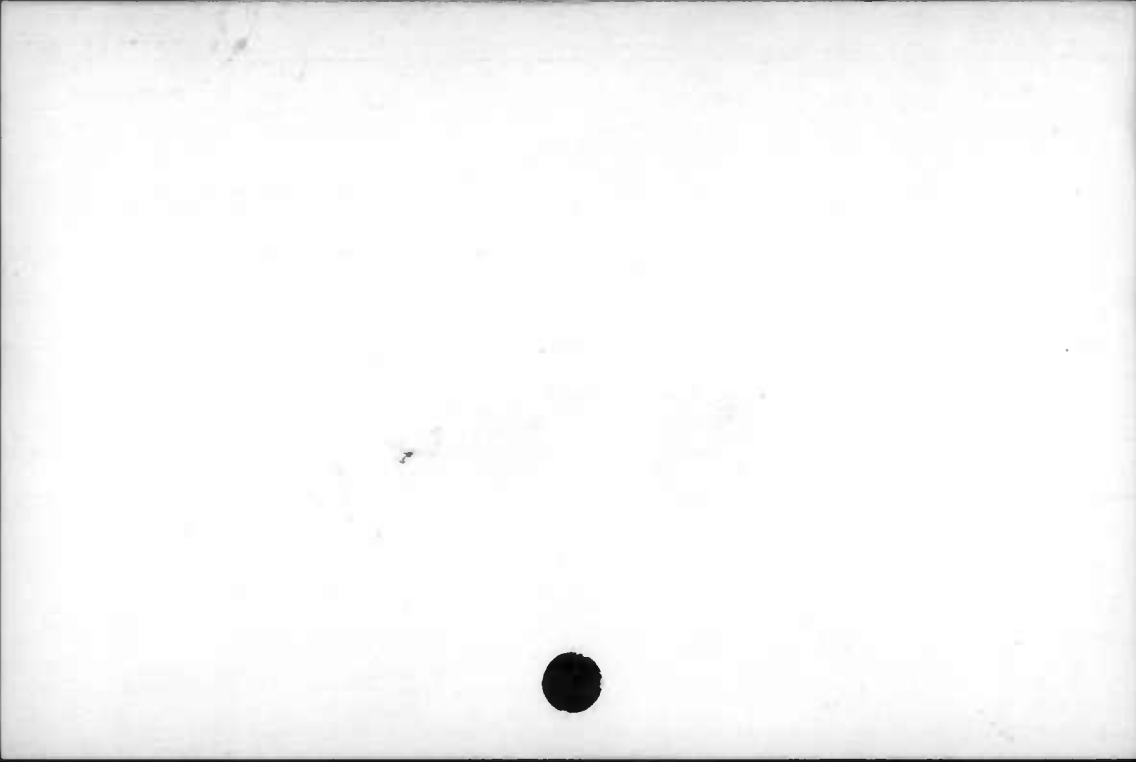
120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>5 years</i>
Immediate	<i>Pulmonary edema + Corna</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. J. Triple and</i>
		Address	<i>Bozant Md</i>
Accident or Suicide?	<i>—</i>		



CERTIFICATE OF DEATH



Name
in
Full

Eliza B. Dirickson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

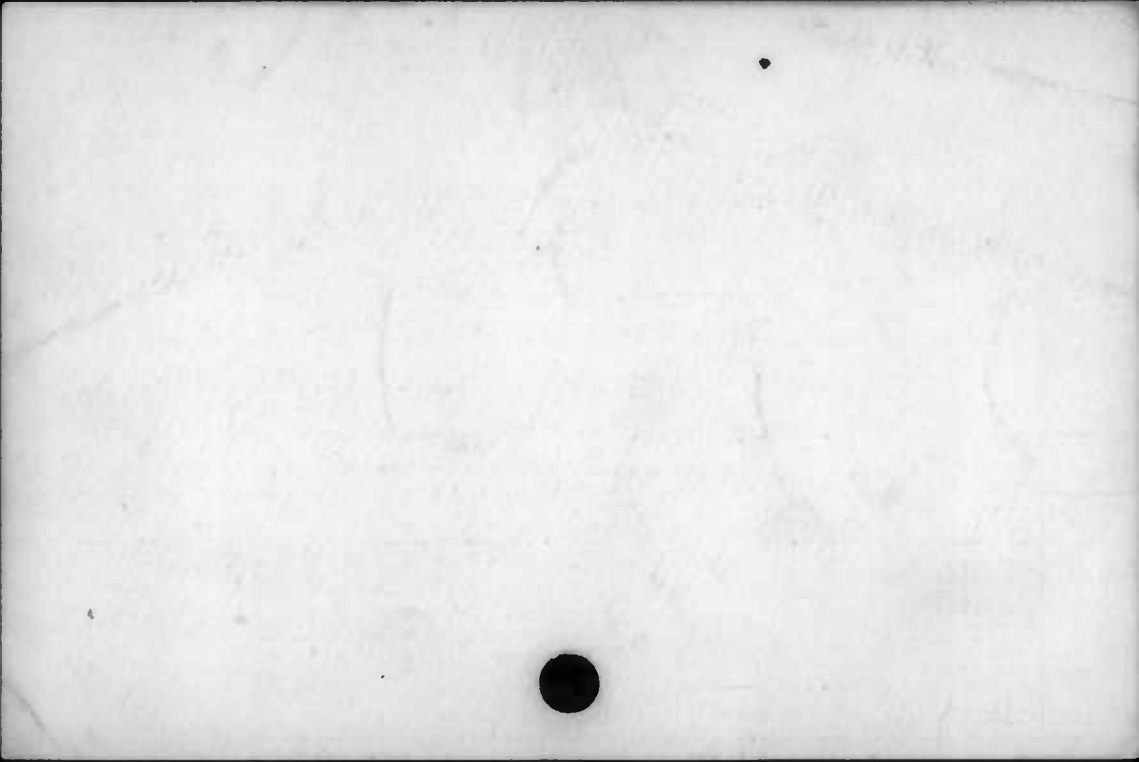
Died at <i>Magnus Sanitarium</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908 Sept</i> ^{Month}		<i>1</i> ^{Day}	<i>65</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Surryna Del</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Berlin Ind.</i>			
Married, Single or Widowed <i>W</i>		Name of Wife or Husband <i>Dr. Dirickson</i>			
Father's Name <i>Daniel E. Cummings</i>		Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Mariha E. Lee</i>		Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Edw. S. Tyler</i>		How related to deceased <i>Son in Law</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Genit debility - old age</i>	How long <i>some time</i>
Immediate <i>Cardiac insufficiency</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul P. Pruett</i>
<i>Yes</i>	Address <i>Magnus Hospital. Balto.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

John Dodson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leub Hill Md</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>78</i>	Months <i>7</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Leub Hill</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Dodson</i>				
Father's Name <i>Pario Dodson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Martha Dodson</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long <i>1 yr</i>
Immediate	<i>Senile Debility</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geary A. Long, M.D.</i>
		Address <i>Hamilton, Md</i>
Accident or Suicide? <i>No</i>		

John A. Bishop
Uncleature

Petty Hill

Name
in
Full

CERTIFICATE OF DEATH

Edward Donohy S. J.
Town Woodstock County Balto

MARYLAND

Died at

Date of death 1908 Sept 4 Age 78

Sex male Color or Race white Birth-place Ireland

Occupation _____ Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Don't know Father's Birthplace Don't know

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Gas Hazardry How related to deceased - none

CAUSES OF DEATH

40

Primary Hepatic Carcinoma How long 3 yrs

Immediate Coma - Exhaustion How long few days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician R. D. Smith, M.D.

Address

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Jerry Honoron

Died at Sparrows Point - **Town** Baltimore **County**

DATE of death 1908 **Month** Sept. **Day** 21 **Age** 60 **Years** **Months** **Days**

Sex male **Color or Race** white **Birth-place** Ireland

Occupation Laborer **Where Residing if not at place of death** Sparrows Point

Married, Single or Widowed Unknown **Name of Wife or Husband** —

Father's Name Unknown **Father's Birthplace** Unknown

Mother's Maiden Name Unknown **Mother's Birthplace** Unknown

Name of person giving information Jos Blair **How related to deceased** none

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

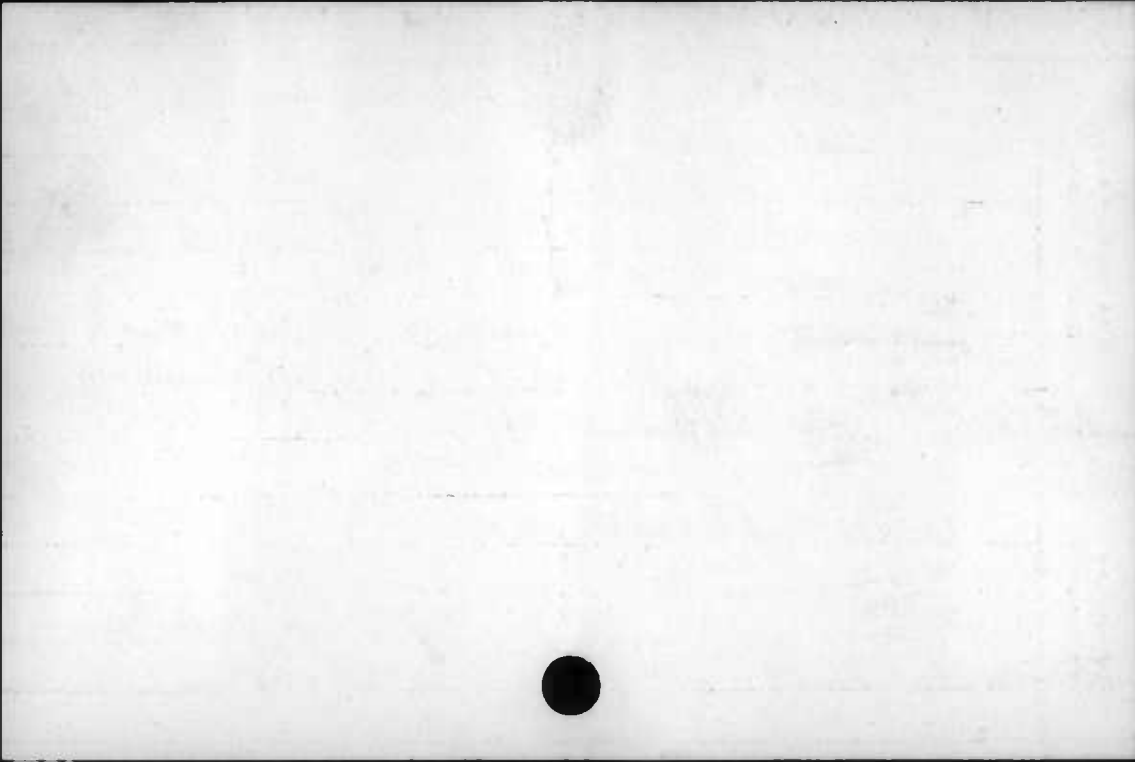
Primary Alcoholism and
Immediate exposure

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Signature of Physician Jos Blair (Coroner)
Address Sparrows Point
Md 15



Name
in
Full

CERTIFICATE OF DEATH

John Thomas Lersey

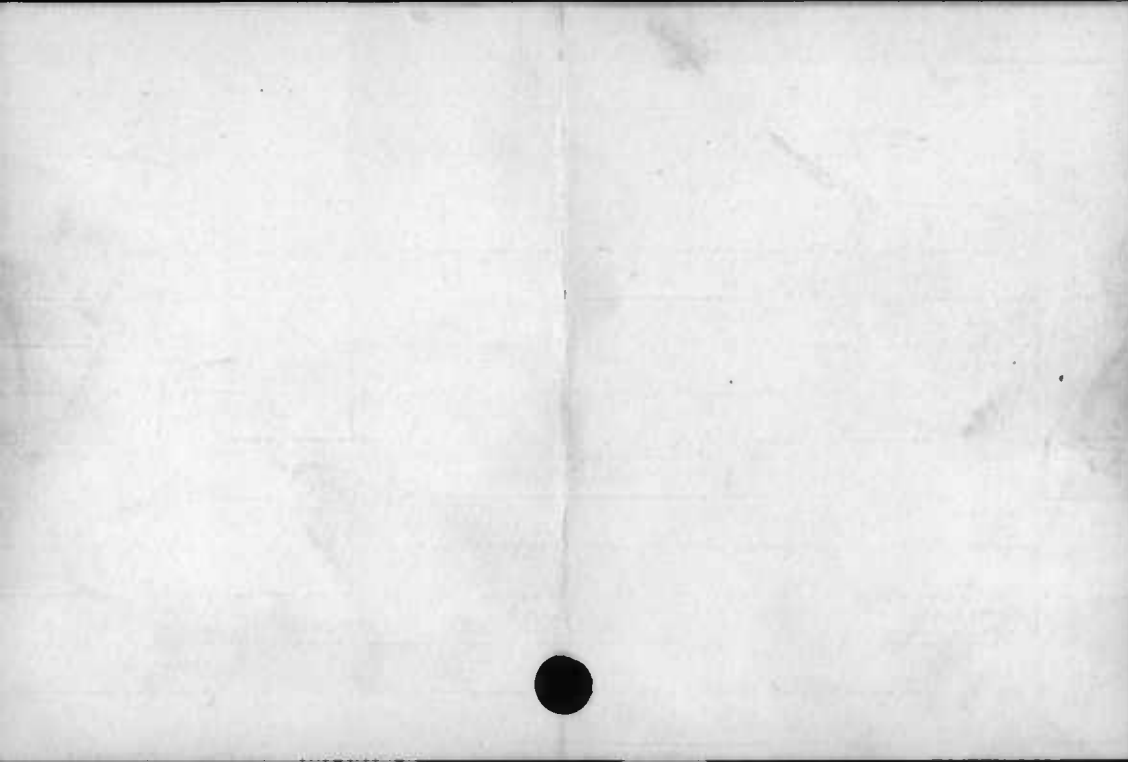
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roslyn</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Sept</u>	Day	<u>15</u>
Age	<u>Still born</u>	Years		Months	
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Roslyn</u>
Occupation	<u>Infant</u>	Where Residing if not at place of death		<u>Roslyn</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>J. Francis Lersey</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Mary M. Carl</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>J. Francis Lersey</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	<u>(S)</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Wm. A. Buppert</u>	
<u>Accident or Suicide?</u>		Address	
		<u>Roslyn</u> <u>Balto Co Md.</u>	



Name
in
Full

Andrew Lotterweich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Balto.</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	29
Age	67	Years		Months	11
				Days	20
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Grocer</i>		Birth-place	<i>Germany</i>	
Where Residing if not at place of death			<i>None Other Residence</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mary E. Lotterweich</i>	
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Mary E. Lotterweich</i>		How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Strangulated hernia -</i>	How long	<i>8 days -</i>
Immediate	<i>Peritonitis - Curious symptoms</i>	How long	<i>See above -</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes -</i>	
Signature of Physician		<i>W. E. McClanahan M.D.</i>	
Address		<i>619 S. Clinch St. -</i>	
Accident or Suicide?		<i>—</i>	

Lilly and Geiler

Undertakers

Sacred Heart

Oct 2 nd :

Name
in
Full

Infant of James H & Estella Dushane

CERTIFICATE OF DEATH

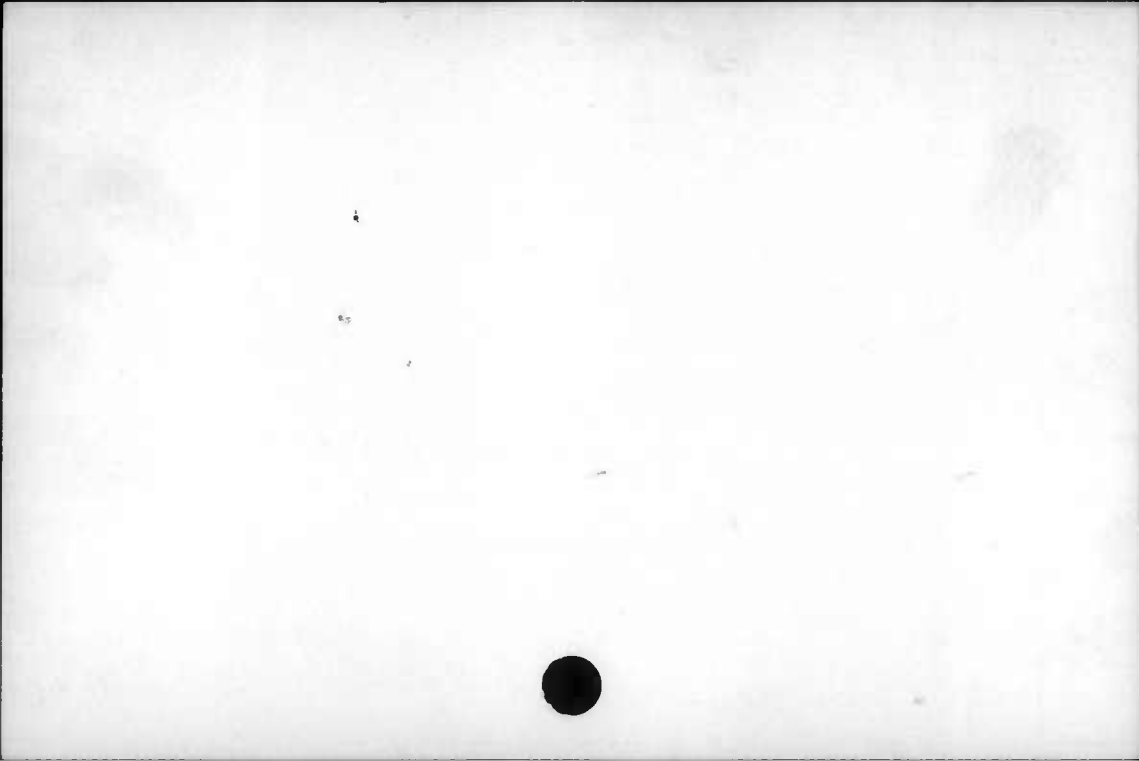
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Balls</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Sept.</i> ^{Month}	<i>15</i> ^{Day}	Age <i>Still birth</i> ^{Years}	<i>7</i> ^{Months} <i>months of preg</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Arlington Md</i>		
Occupation _____			Where Residing if not at place of death <i>Arlington</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>James Henry Dushane</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Estella Walter</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Estella Dushane</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still birth 7th month pregnancy</i>	How long <i>48 hours dead</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Moleys md</i>	
	Address <i>Arlington</i>	
Accident or Suicide?		



Name
in
Full

Marie B. Eckstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
Date of death 1908		Month 9	Day 14	Age —	Months — Days 1
Sex Female		Color or Race W		Birth-place Balto Md	
Occupation —		Where Residing if not at place of death		3905 E. Lombard	
Married, Single or Widowed —		Name of Wife or Husband			
Father's Name Chas. A. Eckstein		Father's Birthplace Balto			
Mother's Maiden Name Catherine Smith		Mother's Birthplace u a			
Name of person giving Information Chas. A. Eckstein		How related to deceased Father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature Birth	How long
Immediate Heart Failure	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Mary Goldschmidt, M.D.
Yes	Address 3509 Baltimore st apt
Accident or Suicide	

Oak Lawn Cem,
Hewig for
9/14/08

Name in Full		JACOB EDLER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Washington Rd		County Balto		MARYLAND	
	Date of death	1908	Month Sept	Day 4	Age	Years 62	Months —
	Sex	Male		Color or Race	white		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		—	
	Married, Single or Widowed	Married		Name of Wife or Husband		Mary E. Edler	
	Father's Name	John Edler		Father's Birthplace		Germany	
	Mother's Maiden Name	unknown		Mother's Birthplace		Germany	
	Name of person giving information	Mary E. Edler		How related to deceased		wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">14</div>							
PHYSICIAN OR CORONER	Primary	Sleeping			How long	6 days	
	Immediate	Cardiac Asthenia			How long	2 days	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			Geo. S. M. Kieffer M.D.			
Address			Monell Park				
Accident or Suicide?			Balto Co Md. 13				

William J. Tucker & Sons.
London Park.

Name
in
Full

Full name
 Thomas P. Ellicott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lake Station</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	17
Age		78		Months	11
Sex		male		Color or Race	White
Birth-place		Baltimore, Md.			
Occupation		Merchant			
Where Residing if not at place of death					
Married, Single or Widowed		Widower			
Name of Wife or Husband		Caroline M. Allen			
Father's Name		Wm. Miller Ellicott			
Father's Birthplace		Maryland			
Mother's Maiden Name		Sarah P. Ellicott			
Mother's Birthplace		"			
Name of person giving information		Harvey P. Ellicott			
How related to deceased		Daughter			

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary	Arterio-Sclerosis & Myocarditis	How long	Some years
Immediate	Heart failure from above causes.	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Dr. W. Dabney	
Address		Union Protestant Infirmary	
Accident or Suicide?		Baltimore Md	

H. W. Jenkins Sons Co

300 W Madison St

Baltimore

Greenmount - City -

Name
in
Full

Mrs Annis Faison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept.	11	31	7		
Sex		Color or Race		Birth-place			
Female		Black		North Carolina			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Single		Green Faison					
Father's Name		Father's Birthplace					
John Davis		N. C.					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Green Faison		Husband					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Intercular Pacitinity	How long	3 months
Immediate	Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. C. Eldred, M.D.	
		Address	
		Annis Priest	
		Md. 15	
Accident or Suicide?			

John B. Pye Undertaker
102 E Mulberry St
Baltimore Md.

The body is to be shipped to
Halifax County Roanoke
Rapid Station North
Carolina.

Name in Full Heater F Farrell		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Center (9401 2nd ave.)		Town Center		County Baltimore
	MARYLAND				
	Date of death 190	Month Sept	Day 1	Years 1	Months 1 Days 30
	Sex female	Color or Race colored		Birth-place Baltimore Co. Md.	
	Occupation none		Where Residing if not at place of death 3401 2nd ave.		
	Married, Single or Widowed single		Name of Wife or Husband none		
	Father's Name Robert T. Farrell		Father's Birthplace Virginia		
Mother's Maiden Name Ellen Mulligan		Mother's Birthplace Md.			
Name of person giving information Jess W. Sullivan		How related to deceased Grandfather			
CAUSES OF DEATH					105
PHYSICIAN OR CORONER	Primary arterio-sclerosis (Bottle fed)		How long abt 20 years		
	Immediate Tuberculosis		How long abt 1 year		
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. W. Sullivan		
			Address Center & Hillen Ct.		
	Accident or Suicide?				

Alex Hemmley
528 W. Biddle St

Laurel Cemetery—
Balto. Co. —

Sept. 2nd / 08

Name in Full		John Elmer Felter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton		County Baltimore		STATE MARYLAND
	Date of death		1908	Month Sep	Day 22	Age 1	Years 1
	Sex		Male		Color or Race White		Birth-place Balt. Co.
	Occupation		None		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		John Felter				Father's Birthplace Balt. Co.
	Mother's Maiden Name		Katie Hanna				Mother's Birthplace Baltimore
Name of person giving information		John Felter				How related to deceased Father	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 24px; font-weight: bold;">105</div> </div>							
PHYSICIAN OR CORONER	Primary		Gastro-Enteritis				How long one week
	Immediate		Exhaustion				How long one day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. Jones M.D.		
					Address 2116 Admire St.		
<div style="display: flex; justify-content: space-between;"> <div>Accident or Suicide?</div> <div>2</div> </div>							

Oak Lawn Cemetery

Sep 25/08

H. Sander Lovers

Name
in
Full

Luretta Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

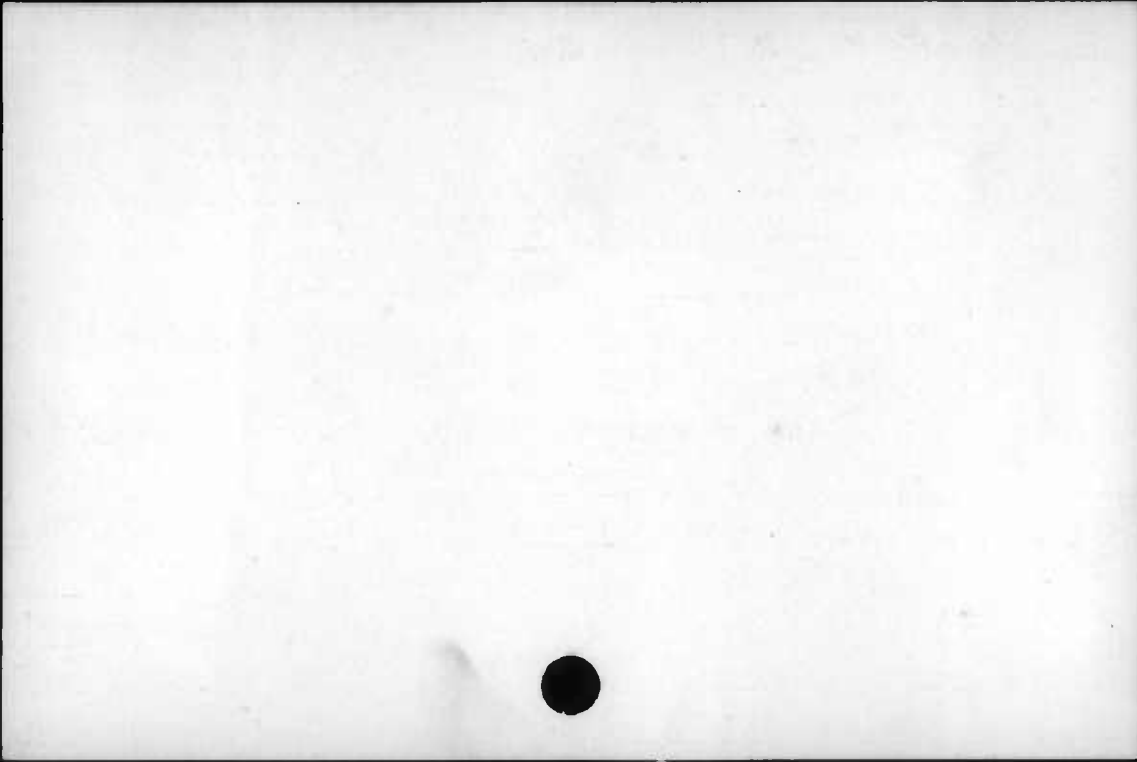
Died at <u>Garrison</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1908	Month	9	Day	4
Age	Years		Months		Days
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>Balt. Co., Md.</u>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
<u>Single</u>					
Father's Name	<u>Earnest M. Fisher</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Rebecca Whitcomb</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Earnest M. Fisher</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Dyspeptic Deafness</u>	How long	<u>Several weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Harry C. Maylor</u>	
		Address	
		<u>Bikeville</u>	
Accident or Suicide?			
		<u>Md.</u>	



Name
in
Full

Morgan E. Folks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Monell Park		County Baltimore		MARYLAND	
Date of death		1908	Month September	Day 15	Age 20	Years 10	Days 22
Sex Male		Color or Race White		Birth-place Baltimore, Md.			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife Lilly May Folks.					
Father's Name William E. Folks		Father's Birthplace Baltimore, Md.					
Mother's Maiden Name Mary E. Armstrong		Mother's Birthplace Ellicott City, Md.					
Name of person giving information Mary E. Folks.		How related to deceased Mother.					

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Gyphoid fever	How long	4 weeks
Immediate	Septicæmia & Ex haustion	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank H. Ruhl	
Address		Lansdowns, Balt Co Md.	
Accident or Suicide?			

William Cook

Baltimore Cemetery

Name in Full		Edna Ford				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND			
	Date of death		Month		Day		Age		Years	
	1908		9		13		—		3	
	Sex		Color or Race		Birth-place					
	Female		White		Burnside					
	Occupation		Where Residing if not at place of death							
	—		Burnside Balt. Co.							
Married, Single or Widowed		Name of Wife or Husband								
—		—								
Father's Name		Clinton Ford				Father's Birthplace		Md		
Mother's Maiden Name		Grace Gordon				Mother's Birthplace		Md.		
Name of person giving information		Clinton Ford				How related to deceased		Father		
—		—				—		—		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Marasmus				How long		2 weeks	
	Immediate		Exhaustion				How long		1 hour	
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Nathan R. Smith	
	—		—				Address		Brooklandville	
	—		—				—		—	
Accident or Suicide?										



Name
in
Full

CERTIFICATE OF DEATH

Leah G. Prunk

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Hightstown</i> <small>Town</small>		<i>Balt</i> <small>County</small>			
Date of death <i>1903</i>	<i>Sept</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt Co</i>		
Occupation <i>Child</i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Claude Prunk</i>		Father's Birthplace <i>Penn</i>			
Mother's Maiden Name <i>Ammie Schoder</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Claude Prunk</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i></i>
Immediate <i>Paralysis Heart</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Whey</i>
	Address <i>2200 Hudson St</i>
Accident or Suicide? <i></i>	

Oak Lawn Farm

Herrig & Son

10/1/08

Name

in
Full

Joseph Leroy Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Touson</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>21</u>	Age <u> </u> Years	<u>9</u> Months	<u> </u> Days
Sex <u>Boy</u>		Color or Race <u>Mulatto</u>	Birth-place <u>Touson</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Hall Garrett</u>			Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Bell Parker</u>			Mother's Birthplace <u>N. C.</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tubercular Meningitis</u>	How long <u>Two weeks</u>
Immediate <u>Convulsion</u>	How long <u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. J. Garrett</u>
<u>Q</u>	Address <u>Touson, Md</u>
Accident or Suicide? <u>no</u>	

Mr. C. Hotmon

Sandy Bottom Tavern

Name
in
Full

John Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

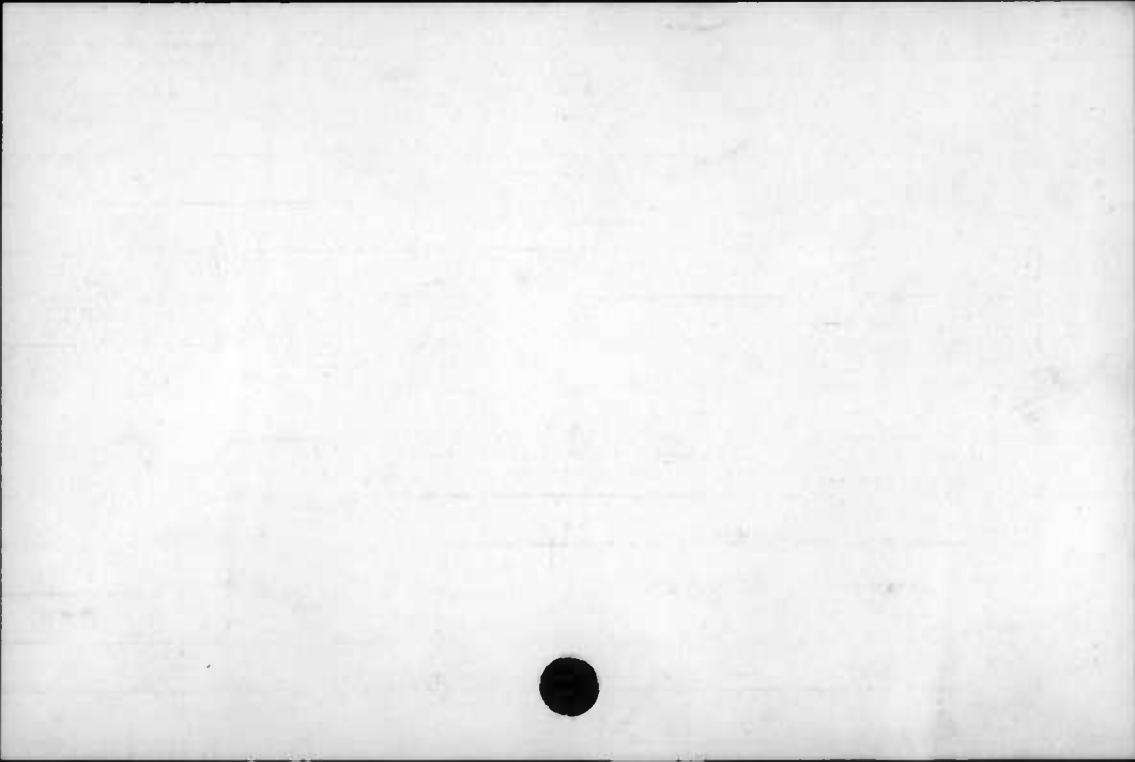
Died at <i>Balto Co. Almshouse</i> ^{Town} <i>Texas</i>		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>Sept</i>	<i>3</i> ^{Day}	Age <i>about 50</i> ^{Years}	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>	
Occupation	<i>Laborer.</i>		Birth-place	<i>Westminster Md.</i>	
Married, Single or Widowed	<i>Married</i>		Where Residing if not at place of death	<i>Westminster. Md.</i>	
Father's Name	<i>Unknown.</i>		Father's Birthplace	<i>Westminster Md.</i>	
Mother's Maiden Name	<i>Unknown.</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Jas. M. Stoner</i>		How related to deceased	<i>undertaker</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Supposed to be heart trouble</i>	How long	<i>unknown</i>
Immediate	<i>Found dead in bed day after reaching</i>	How long	<i>do</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of	<i>Charles M. Stoner</i>
		Address	<i>State Registrar of Vital Statistics Sec. State Bd. of Health</i>
Accident or Suicide?	<i>No.</i>		



Name in Full		MARTIN GILLET GILL				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bolton Park</i>		Town <i>Balto.</i>		County <i>Co.</i>		MARYLAND
	Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>23</i>	Age <i>69</i>	Years	Months <i>7</i>	Days <i>9</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
	Occupation <i>Sea Supporter</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Alice Warfield Gill</i>					
	Father's Name <i>Owen Augustus Gill</i>				Father's Birthplace <i>Balto.</i>		
	Mother's Maiden Name <i>Eliza Adams Gill</i>				Mother's Birthplace <i>"</i>		
Name of person giving information <i>M. Gill</i>		<i>Gill</i>		How related to deceased <i>son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Arterio Sclerosis</i>		How long <i>12 years</i>				
	Immediate <i>Chronic Nephritis</i>		How long <i>2 months</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Julius Friedman M.D.</i>				
			Address <i>1013 N Charles St</i>				
Accident or Suicide? <i>No</i>							

Henry. W. Jenkins ^{and} Sons Co
Funeral Directors

Place of Burial.

Green mount Cem.

Sept 25th/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barnes</i> Town <i>Belle</i> County		MARYLAND			
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>10</i>	Age <i>64</i>	Months <i>7</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>D.C.</i>			
Occupation <i>Labourer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Angeline C. Gladman</i>				
Father's Name <i>Jos. E. Gladman</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Ann Norton</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Mo Gladman</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of stomach</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Duncan</i>
	Address <i>Groverstown Md</i>
Accident or Suicide? <i>.</i>	

W. H. Tinsworth & Sons

Stone Chapel Cemetery
near Ottumwa

Name
in
FullNo. *Naumk Gramer*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

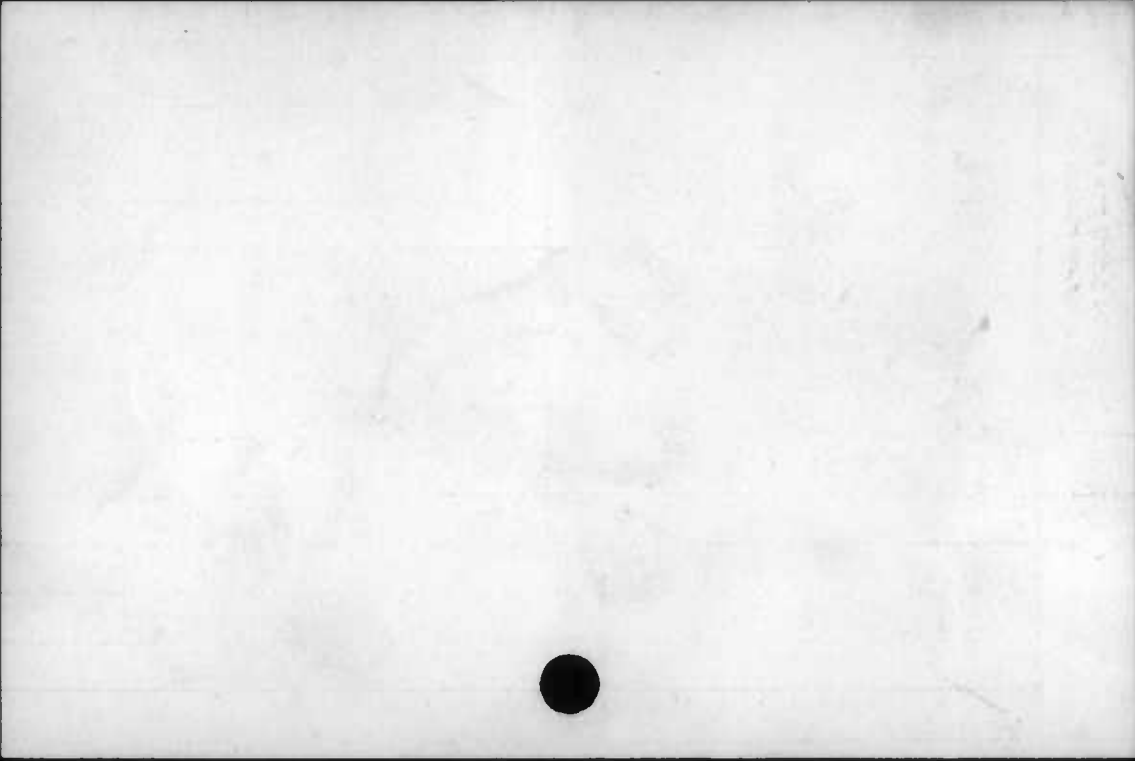
Died at <i>Summit Point</i>		Town <i>Summit Point</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept.</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Summit Pt.</i>				
Occupation <i>Hom.</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Arthur C. Gramer</i>			Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Mary H. Markel</i>			Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Arthur C. Gramer</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>—</i>	Signature of Physician <i>Frank C. Eldred</i>
		Address <i>Summit Point Md. 15</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Louisa Green*
Bald ^{Town} *Co. Annapolis* ^{County}Date of death *1908* ^{Month} *9* ^{Day} *7* ^{Years} *Age about 75 yrs.* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *Colored* Birth-place *Unknown*Occupation *Unknown* Where Residing if not at place of death *Same*Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Annapolis Register* How related to deceased

CAUSES OF DEATH

79

PHYSICIAN
OR CORONERPrimary *Tricuspid Regurgitation* How long *Do not know*
ImmediateAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. T. B. Bussey*
Address *Texas*
md

Accident or Suicide?

Wm M Brooks
Undertaker

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna E. Essoes

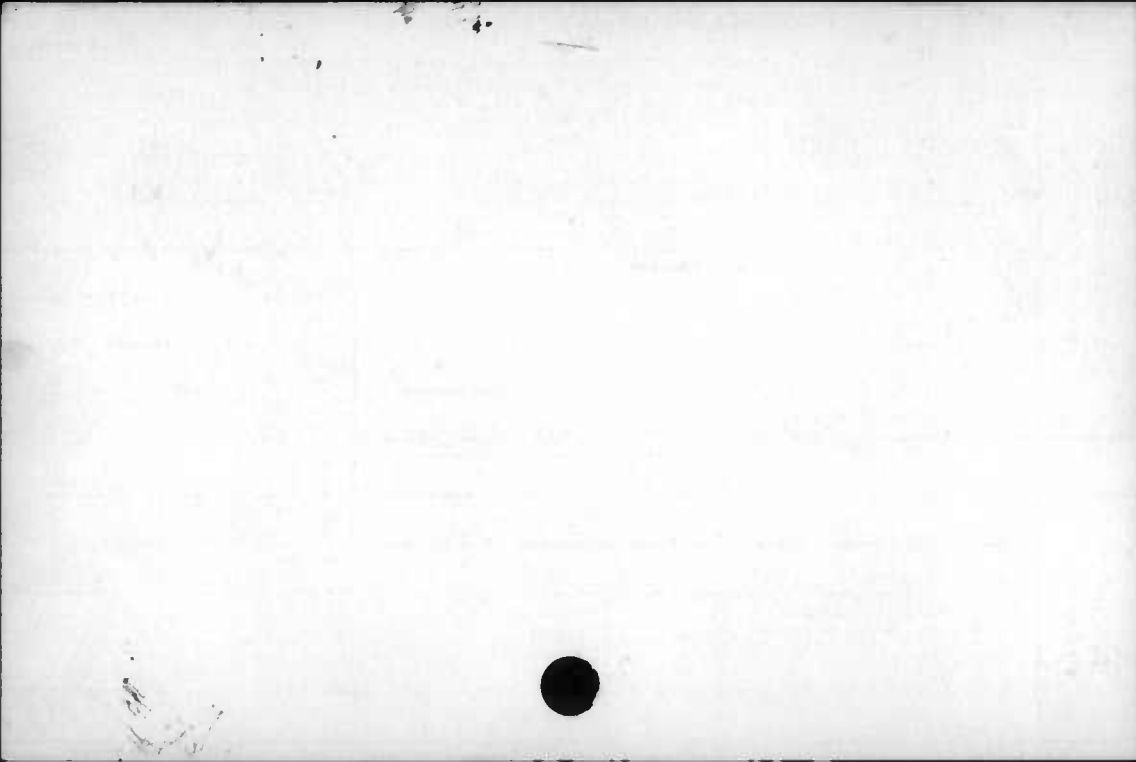
Died at <i>Middle River</i>		Town <i>Becht</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>20</i>	Age <i>—</i>	Years	Months <i>5</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>a baby</i>	Where Residing if not at place of death <i>at home</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Henry Essoes</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>undisclosed</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Henry Essoes</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Manacures</i>	How long <i>3 weeks</i>
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. V. Mease</i>
<i>J</i>	Address <i>Becht</i>
Accident or Suicide?	



Name
in
Full

Thomas Guilfooy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>Sept</i> ^{Day}	<i>16</i> ^{Years}	<i>65</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>Irish</i>	
Occupation	<i>Financier</i>		Birth-place	<i>Ireland</i>	
Where Residing if not at place of death			<i>Park Heights Ave</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		
Father's Name	<i>—</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Moses Guilfooy</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

<i>Pneumonia & Nephritis</i>		How long	<i>7 days & 2 yrs</i>
<i>Heart & Throat</i>		How long	<i>2 days</i>
Immediate	<i>Heart & Throat</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>John B Wells M.D.</i>		
Address	<i>Park Heights Ave Arlington</i>		
Accident or Suicide?	<i>—</i>		

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,
606 & 608 W. LaFayette Ave.

TELEPHONE 1883.

Holy Cross Cemetery

Name in Full		MARGARET E. HARDY				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Roseburg</u> <small>Town</small>		<u>Balt.</u> <small>County</small>		MARYLAND		
	Date of death <u>1908</u>	<u>9</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>5</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>4</u> <small>Days</small>	
	Sex <u>F</u>	Color or Race <u>W</u>		Birth-place <u>Balt. Md.</u>			
	Occupation <u>None</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
	Father's Name <u>H. C. Hardy</u>			Father's Birthplace <u>Harford Co. Md.</u>			
	Mother's Maiden Name <u>Ida Meeks</u>			Mother's Birthplace <u>Balt. Co., Md.</u>			
Name of person giving information <u>Ida Hardy</u>			How related to deceased <u>mother</u>				
<div>CAUSES OF DEATH</div> <div>(93)</div>							
PHYSICIAN OR CORONER	Primary <u>Parenchymatous Nephritis; Lobar Pneumonia</u>			How long <u>Unknown</u>			
	Immediate <u>Cardiac Dehiscence</u>			How long <u>24 hrs.</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>A. L. Wilkinson</u>			
				Address <u>Roseburg, Md.</u>			
	Accident or Suicide? <u>No</u>						

Chas W. Lantz Golden Ring

Abington Harford Co

Name
in
Full

Leah Catharine Hetrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

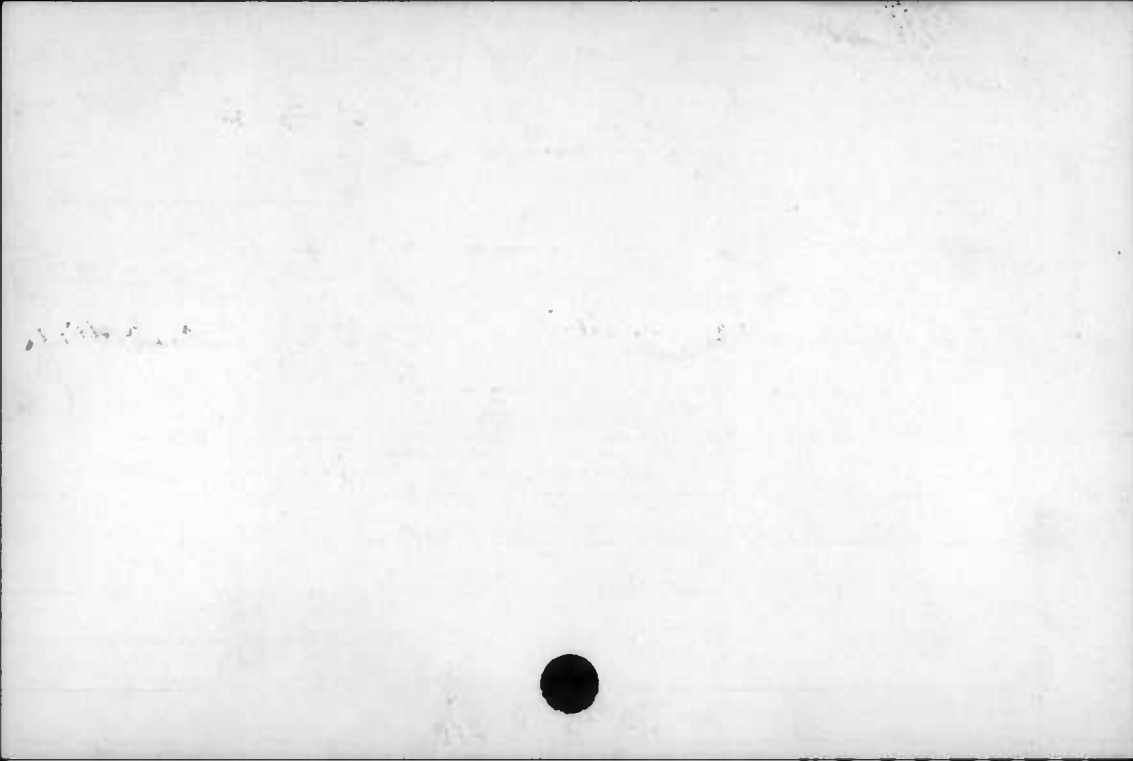
Died at <i>Wyers P.O.</i>		County <i>Bucks</i>		MARYLAND	
Date of death	1908	Month	9	Day	17
Age		Years		Months	Days
108		72		12	12
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Thomasville, Pa</i>				
Occupation	<i>Retired</i>		Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Edmund W. Hetrick</i>		
Father's Name	<i>John Spangler</i>		Father's Birthplace <i>Glennville Pa.</i>		
Mother's Maiden Name	<i>Elizabeth Clark</i>		Mother's Birthplace <i>E. Berlin Pa.</i>		
Name of person giving information	<i>Lee S. Hetrick</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

(113)

PHYSICIAN
OR CORONER

Primary	<i>Gout lithiasis, Gall Stone</i>	How long	<i>1 year</i>
Immediate	<i>Heart failure</i>	How long	<i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edgar M. Bush</i>	
<i>Yes</i>		Address <i>Hampstead, Md.</i>	
Accident or Suicide? <i>X</i>			



Name
in
Full

Martha A Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grange</i> Town		<i>Balti</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>77</i>	Months <i>7</i> Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hanford Co Md</i>		
Occupation <i>Grange Patroness</i>		Where Residing if not at place of death <i>Grange Baltimore Md</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Edward A Hopkins</i>		Father's Birthplace <i>Unknown</i>		
Father's Name <i>Unknown</i>	Mother's Maiden Name <i>Josany Harris</i>		Mother's Birthplace <i>England</i>		
Name of person giving information <i>H F Hopkins</i>		How related to deceased <i>Son</i>			

*Accidentally
falling down stairs*

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Fracture of Hip</i>	How long <i>18 days</i>
Immediate <i>Emphysema & mitral insufficiency</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Scudder M.D.</i>
Address <i>2. S. Patterson Pl Baltimore</i>	
Accident or Suicide? <i>Accidental</i>	

J. E. Hughes

his Camel County

Name
in
Full

George Huebschmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County		MARYLAND	
Date of death		Month 8	Day 26 th	Years 61	Months 9	Days —	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Merchant			Where Residing if not at place of death	None		
Married, Single or Widowed	Married		Name of Wife or Husband	L Elizabeth Huebschmann			
Father's Name	Dont Know			Father's Birthplace	Germany		
Mother's Maiden Name	. . .			Mother's Birthplace	. . .		
Name of person giving information	Elizabeth Huebschmann			How related to deceased	Wife		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Carcinoma Stomach	How long	one year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F J Kirley
		Address	110 E North Ave
Accident or Suicide?			

Lilly and Geiler
Undertakers

Sacred Heart Cemetery
Sept 29th 1908

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Towson* Town *Balto.* CountyDate of death *1908* Month *Sept.* Day *24* Age *40* Years Months DaysSex *Male* Color or Race *colored* Birth-place *Balto. City*Occupation *Boot Black* Where Residing if not at place of death *Towson*Married, Single or Widowed *Married* Name of Wife or Husband *Bertie Humphrey*Father's Name *Joley Humphrey* Father's Birthplace *Balto. City*Mother's Maiden Name *Not Known* Mother's Birthplace *Hampden Balto. Co.*Name of person giving information *Sophie Brown* How related to deceased *Mother*

CAUSES OF DEATH

36

PHYSICIAN
OR CORONERPrimary *Syphilis* How long *3 or 4 years*Immediate *Cardiac Asthenia* How long *48 hours*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. Boynton Green M.D.*Address *Towson*Accident or Suicide? *md.*

John Burrows
Towns

Sandy Bottoms
Cemetery Towns
Interment Sept. 26/91

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jane Hullon</i>		Town <i>Mt Hope</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Mt Hope</i>		Month <i>Sept</i>		Day <i>11</i>		Years <i>70</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>11</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Maryland</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>	
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>		How related to deceased <i>Not at all</i>		Days <i>—</i>	
Name of person giving information <i>Recds Mt Hope</i>		How long <i>9 or 10 yrs</i>		Signature of Physician <i>Frank J. Flannery</i>		Address <i>Sub Registrar</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Dementia Senile</i>		How long <i>9 or 10 yrs</i>	
Immediate <i>St -</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
Address <i>Sub Registrar</i>		Address <i>Sub Registrar</i>	
Accident or Suicide? <i>—</i>		Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Jackson

Died at Canton Baltimore

County

State

DATE of death 1904 Sept 24

Age 34

Sex male

Color or Race colored

Birth-place West Point Va

Occupation Laborer

Where Residing if not at place of death Same

Married, Single or Widowed Married

Name of Wife or Husband

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information Jim I. Brown

How related to deceased None

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Consumption

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician W. S. Snyder M.D.

Address 2376 E. Balto St

Accident or Suicide?

John's Hopkins City
Herwig Son

9/25/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

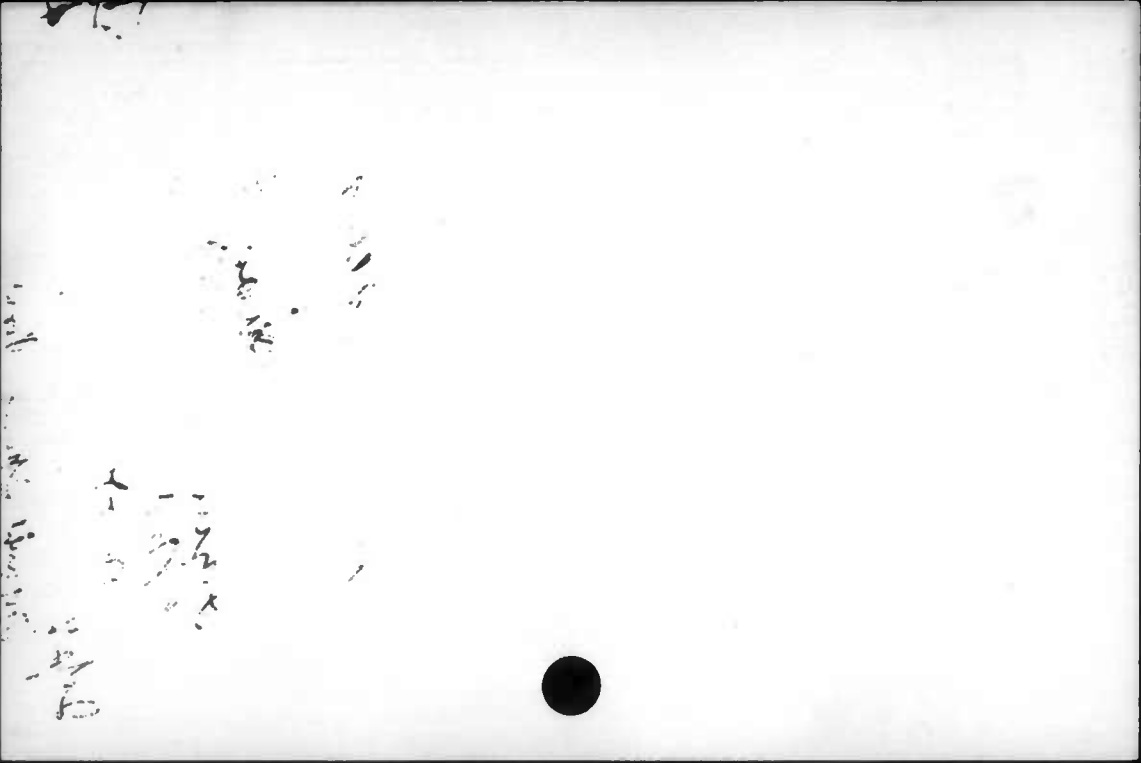
Clifton C. Jeffers
 Died at ^{Town} Middle River ^{County} Balto MARYLAND
 Date of death 1908 ^{Month} Sept ^{Day} 21 Age ^{Years} 15 ^{Months} 4 ^{Days} 11
 Sex male Color or Race white Birthplace md
 Occupation child Where Residing if not at place of death _____
 Married, Single or Widowed single Name of Wife or Husband _____
 Father's Name Jos Jeffers Father's Birthplace md
 Mother's Maiden Name Anna C. Wright Mother's Birthplace md
 Name of person giving Information Jos Jeffers How related to deceased Father

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary Infantile Spinal Paralysis How long 12 - 13 years
 Immediate Aschemia How long 3 months
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician John M. Haccus md
 Address Middle River md
 Accident or Suicide no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

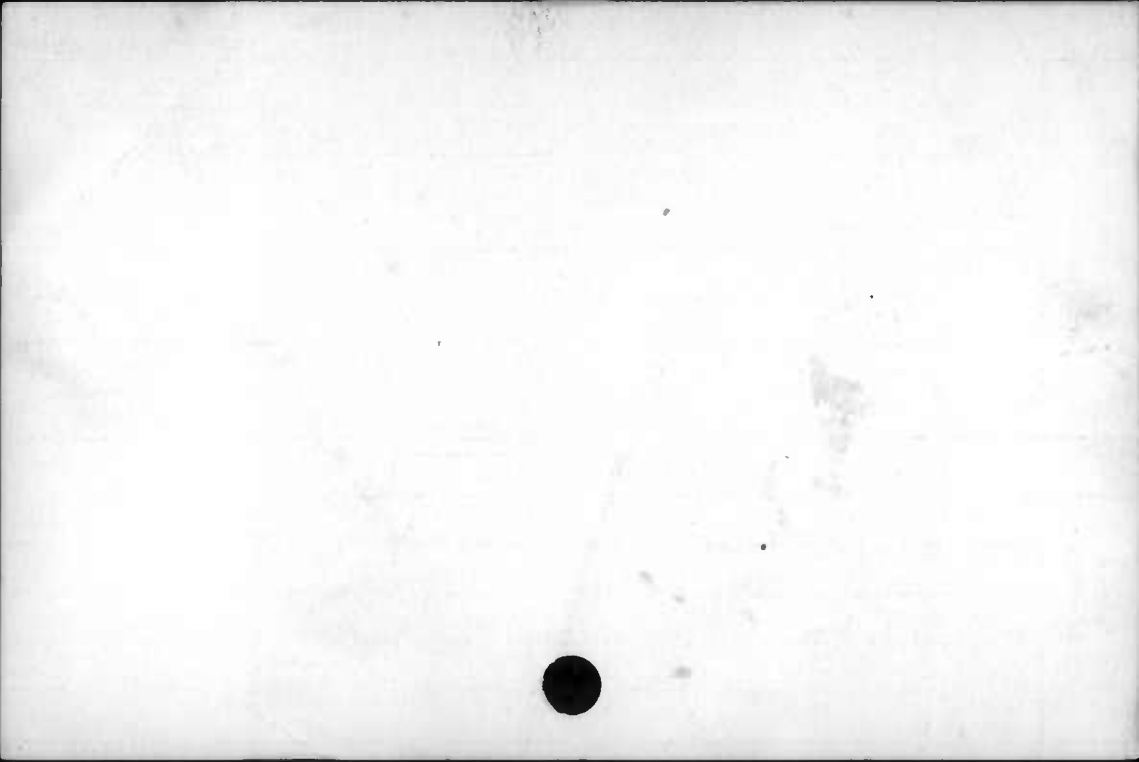
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		9	4			6	
Sex		Color or Race		Birth-place			
Male.		Colored.		Boring.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Jefferson.				Va.			
Mother's Maiden Name				Mother's Birthplace			
Ella Ritt.				Boring.			
Name of person giving information				How related to deceased			
John Jefferson.				Father.			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Marasmus.	How long	Always.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Jas. H. Nelson M.D.
		Address	Forbush.
			Marshall.
Accident or Suicide?			



Name
in
Full

Rodrick Tolnesson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

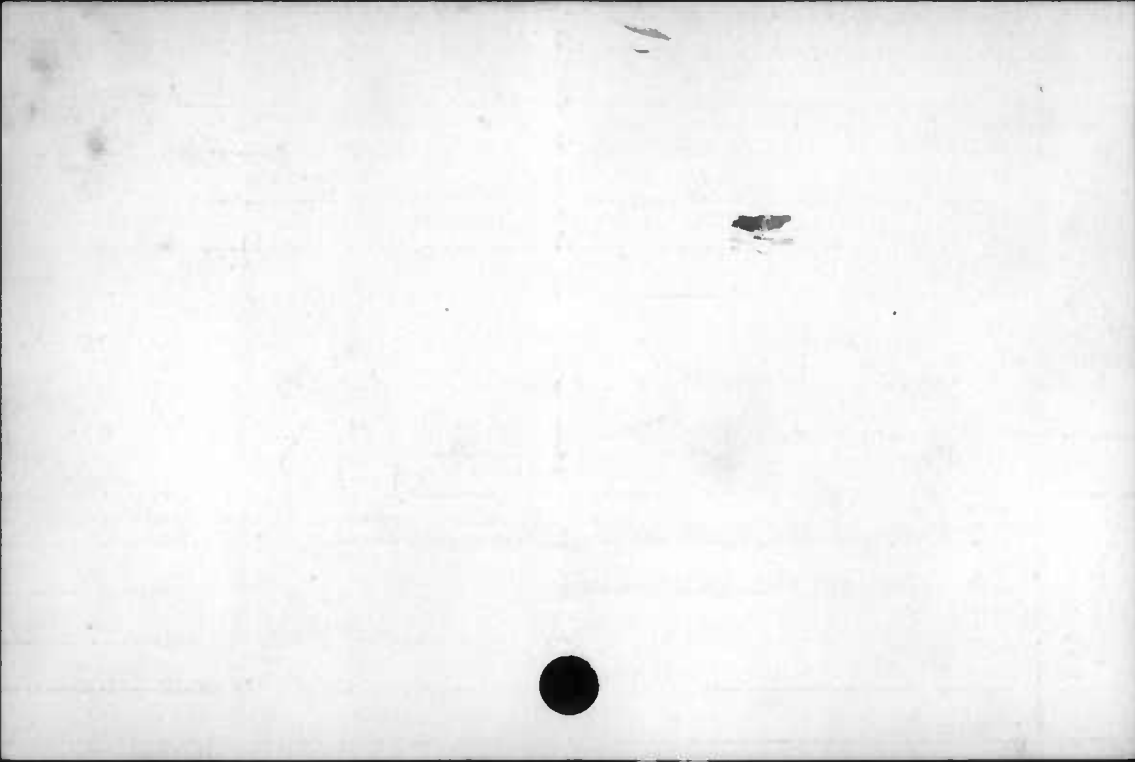
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept.	8	47			
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
James Johnson				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Agnes Bryson				Maryland			
Name of person giving information				How related to deceased			
James J. Relickbaster				Nephew			

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary		How long	
Edema Pulmonary		36 hours	
Immediate		How long	
Exhaustion		8 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Frank C. Eldred	
		Address	
		Francis Point	
Accident or Suicide?		Med 15	



Name
in
Full

Aaron Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Parkton TownBaltimore CountyDate
of death 1908Month 9Day 17

Age

Years 72

Months

Days

Sex

MaleColor or
RaceColoredBirth-
placeInd

Occupation

LaborerWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandOlevia JonesFather's
NameStephen JonesFather's
BirthplaceIndMother's
Maiden NameAlpert KinnMother's
BirthplaceIndName of person giving
In formationOlevia JonesHow related
to deceasedWife

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary

Chronic Arterial Phlebotomy

How long

20 years

Immediate

Acute Pericarditis

How long

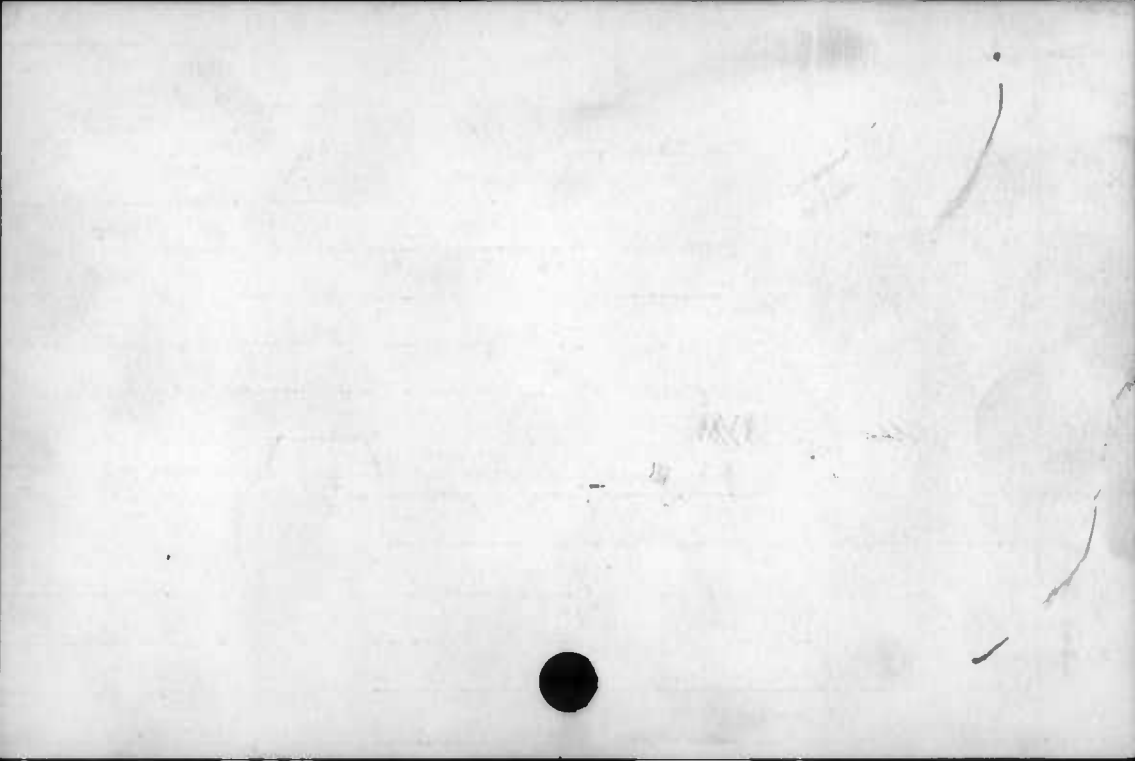
10 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

C. H. Hyde, M.D.
Parkton

Accident or Suicide?

No.



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Franklin Ave. Md.* *Balto* CountyDate of death *1908* Month *9* Day *28* Age *71* Years Months DaysSex *Male* Color or Race *White* Birth-place *Europe*Occupation *Farmer* Where Residing if not at place of death *Franklin Ave. Md.*Married, ~~Single~~ *or Widowed* Name of Wife or Husband *A. M. Kahler*Father's Name *Unknown* Father's Birthplace *Europe*Mother's Maiden Name *Unknown* Mother's Birthplace *"*Name of person giving information *A. M. Kahler* How related to deceased *Wife*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary *Senility* How long *—*Immediate *Asthma* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *S. W. Stoner, M.D.*Address *1501 E. Eager St.
Baltimore*

Accident or Suicide?

F. Lassahn & Sons

Home Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Anna Karpinski</i>		Town <i>Orangerville</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1908 Sept 24</i>		<i>2</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Orangerville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Michael Karpinski</i>		Father's Birthplace <i>Ger</i>					
Mother's Maiden Name <i>Amelia German</i>		Mother's Birthplace <i>Ger</i>					
Name of person giving information <i>Michael Karpinski</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. N. Athey</i>	
		Address <i>3200 Hudson St.</i>	
Accident or Suicide?			

Sept 26 th 1908

5-th Reformed Ben

St Nicholas & son

1820 Banton Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small> <i>Baltimore Co</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Year</small> <i>Sept</i> <small>Month</small> <i>15</i> <small>Day</small>	Age <i>73</i> <small>Years</small>	<i>4</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick Co Md</i>	
Occupation <i>Housekeeper</i>	Where Residing If not at place of death <i>403 Clinton St</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Frederick King</i>		
Father's Name <i>Johnathan Bowers</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary A Bowers</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Rott J King</i>	How related to deceased		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A S Warner M.D.</i>
	Address <i>320 Highland Ave South</i>
Accident or Suicide? <i>No</i>	

H. C. Hughes

A. John C. C. C.
Howard Co.
Md

Sept. 18/08

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Crangerville* Town

County

Baltimore

Date

of death *1908*

Month

9

Day

16

Age

Years

86

Months

1

Days

Sex

*Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Retiree*Where Residing if not
at place of death*Crangerville Baltimore Co Md.*Married, Single
or Widowed*Married*Name of Wife or
Husband*Caroline Klingler*Father's
Name*John Klingler*Father's
Birthplace*Germany*Mother's
Maidee NameMother's
BirthplaceName of person giving
Information*Caroline R. Rever*How related
to deceased*Sister*

CAUSES OF DEATH

154

Primary

Old Age

How long

3 months

Immediate

Gen. Debility

How long

*3 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

148 Forest St.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Albert S. Fuller.

Jerusalem Cemetery

Sept 17th 1908

Name
in
Full

Catherine Kraft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *3417 Phila Rd* *Balto* County
 Date of death *1908* *Sept* *19* Age *86* Months *4* Days *17*
 Sex *Female* Color or Race *White* Birth-place *Germany*
 Occupation *None* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Christian Kraft*
 Father's Name *John Bartman* Father's Birthplace *Germany*
 Mother's Maiden Name *John F. Webster* Mother's Birthplace *"*
 Name of person giving information *John F. Webster* How related to deceased *Nephew*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *old age* How long
 Immediate *Asthma* How long *4 mos -*
 Are the name, age, sex, color, date and place correctly given above? *W. S. Sudler MD*
 Signature of Physician *3356 E Balto H*
 Address
 Accident or Suicide?

Baltimore Cemetery

Sept. 20, 1808.

Zirkler & Zirkler

1739 E. Eager st

Name
In
Full

Charles V. Kraft

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Hope</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>9</i>	Years <i>63</i>	Months —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>B — Unobtainable</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Rec'd Wt Hope</i>		How related to deceased <i>not at all</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Melancholia -</i>	How long <i>4 years</i>
Immediate <i>Ex. Paralysis - L. H.</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Sub Registrar -</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Edward Kraus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	7	17			
Sex		Color or Race		Birth-place			
male		white		Ball Blk			
Occupation				Where Residing if not at place of death			
Painter				3506 Clarendon St			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
Joseph Kraus				Germany			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Germany			
Name of person giving information				How related to deceased			
Joseph Kraus				Father			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary		How long	
Accidental Drowning		How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
9		W. S. Sydder MD	
		Address	
		3326 E. Balto St	
		Highlandtown	
Accident or Suicide?			

Oak Lawn Conn.
J. Herwigson
9/10/08

Name
in
Full

John Lauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Minnans</i> ^{Town}		<i>Batts</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> ^{Month}	<i>25</i> ^{Day}	Age <i>86</i> ^{Years}	<i>9</i> ^{Months}	<i>4</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louisa Lauer</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Louisa Marshall</i>	Mother's Birthplace <i>Prussia</i>				
Name of person giving information <i>Joest Lauer</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Hall</i>
Accident or Suicide?	Address <i>Mt Minnans</i>

London Park Cemetery
Jos. B. Cook

Name
in
Full

Mr. Henry LeDunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Canton ^{Town}		Balto. County ^{County}		MARYLAND	
Date of death		1908	Month 9	Day 3	Age 83	Years 83	Months <u> </u> Days <u> </u>
Sex		Male		Color or Race		White	
Occupation		Florist		Birth-place		France	
Where Residing if not at place of death		4618 O'Donnell St.					
Married, Single or Widowed		Widowed		Name of Wife or Husband		Julia A. Randall	
Father's Name		Ambrose LeDunn		Father's Birthplace		France	
Mother's Maiden Name		Mary Piereson		Mother's Birthplace			
Name of person giving information		Emma Christian		How related to deceased		Daughter	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary		Senility Preceded by Jaundice		How long		3 mos.	
Immediate		Exhaustion, Cardiac syncope		How long		One week	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H.W. Jones M.D.	
				Address		3116 O'Donnell St.	
Accident or Suicide?		No					

H. E. Hughes. Undertaker
Mount Carmel Ceme
Sept, 6, 1908.

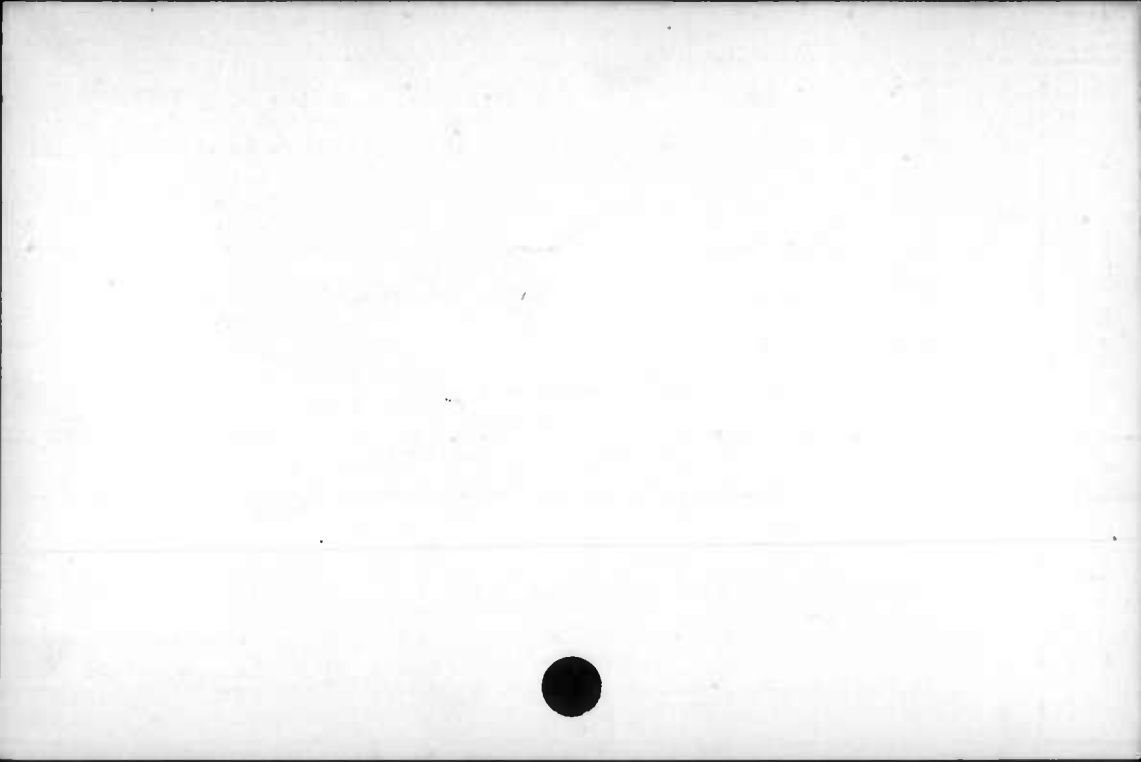
Name in Full Anna Lang		Town Highlandtown		County Balto		CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		1908	Month 9	Day 24	Age	Years	Months 3
Sex Female		Color or Race White		Birth-place Balto Co			
Occupation				Where Residing if not at place of death 200 Fourth St.			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Andrew William Lang		Father's Birthplace Germany					
Mother's Maiden Name Anna Mary Baumer		Mother's Birthplace Ger.					
Name of person giving information Andrew Lang		How related to deceased Father					
		CAUSES OF DEATH				105	
Primary Diarrhoea		How long 24 hours					
Immediate Exhaustion		How long 3 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Jas L. Smith M.D.		Address 34 1/2 South Highlandtown Md			
Accident or Suicide? No							

Gilly & Zeiler -

Sacred Heart Ceme.

Sept. 26/08

Name in Full		Lawrence				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Calumet		County Balt		MARYLAND
	Date of death		1908	Month Sept	Day 4	Age	Years Months Days
	Sex		male		Color or Race		white
	Occupation		none		Birth- place		Calumet, Md
	Where Residing if not at place of death						
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Edgar Foden Lawrence			Father's Birthplace	
Mother's Maiden Name		Helene Knight			Mother's Birthplace		Baltimore
Name of person giving In formation		Edgar F Lawrence			How related to deceased		Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still Born			(S)	
	Immediate		" "			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	
	Accident or Suicide?					Address	
					D C Z Kaufeldt Calumet, Md		



Name in Full Adam Leuhoff		CERTIFICATE OF DEATH	
Died at Raspburg Town		Balt. County	
Date of death 1908 Month Sep Day 15		Age 70 Years Months 10 Days 12	
Sex Male Color or Race White		Birth-place Europe	
Occupation Blk Smith		Where Residing if not at place of death Raspburg, Ind	
Married, Single or Widowed Single		Name of Wife or Husband Mary A Leuhoff	
Father's Name Peter Leuhoff		Father's Birthplace Europe	
Mother's Maiden Name Margaret Hein		Mother's Birthplace "	
Name of person giving information Daughter Mrs Anna Lutz		How related to deceased "	
CAUSES OF DEATH			
Primary Senility		154 How long —	
Immediate Cornea		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. L. Wilkinson	
		Address Raspburg, Ind.	
Accident or Suicide? .			

A. Jacopo

Name
in
Full

Ruth Leonhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Washington</i> Town		<i>Balt</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>14</i>	Age	Years Months Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>J. Leonhart</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Aminie Kemper</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>J. Leonhart</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Failure of Closing Foramen Coale</i>	How long <i>one week</i>
Immediate <i>Heart failure</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. H. Burtin M.D.</i>
	Address <i>Int Washington</i>
Accident or Suicide?	<i>Ind</i> ³

Balto Cemetery
Sept. 16 - 1908

A. J. Manshall
3539 Falls Road

Name
in
Full

Ruth Clotilde Lincoln

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Tuxedo Park ^{County} Batto.

MARYLAND

Date of death 1908 ^{Month} Sept ^{Day} 1 ^{Age} 33 ^{Years} ^{Months} 11 ^{Days} 8

Sex Female Color or Race White Birth-place Batto

Occupation _____ Where Residing if not at place of death Tuxedo Park

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Joseph Lincoln Batlin Father's Birthplace New Jersey

Mother's Maiden Name Margaret A. ~~Lincoln~~ Mother's Birthplace Maryland

Name of person giving information James A. Clark How related to deceased Nephew

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 18 mos

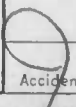
Immediate Exhaustion How long _____

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Pearce

Address 2105 N. Ches st

Baltimore Md 9

Accident or Suicide? 

Druid Ridge
Cemetery

Sept 3, 1908.

Zirkler & Zirkler
1739 E. Eager St

Gladstone Ave Cor
nurb Ave East probably
Summit Ave

N. W. Corner.

Friday

Name
in
Full

Amelia Litzsinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

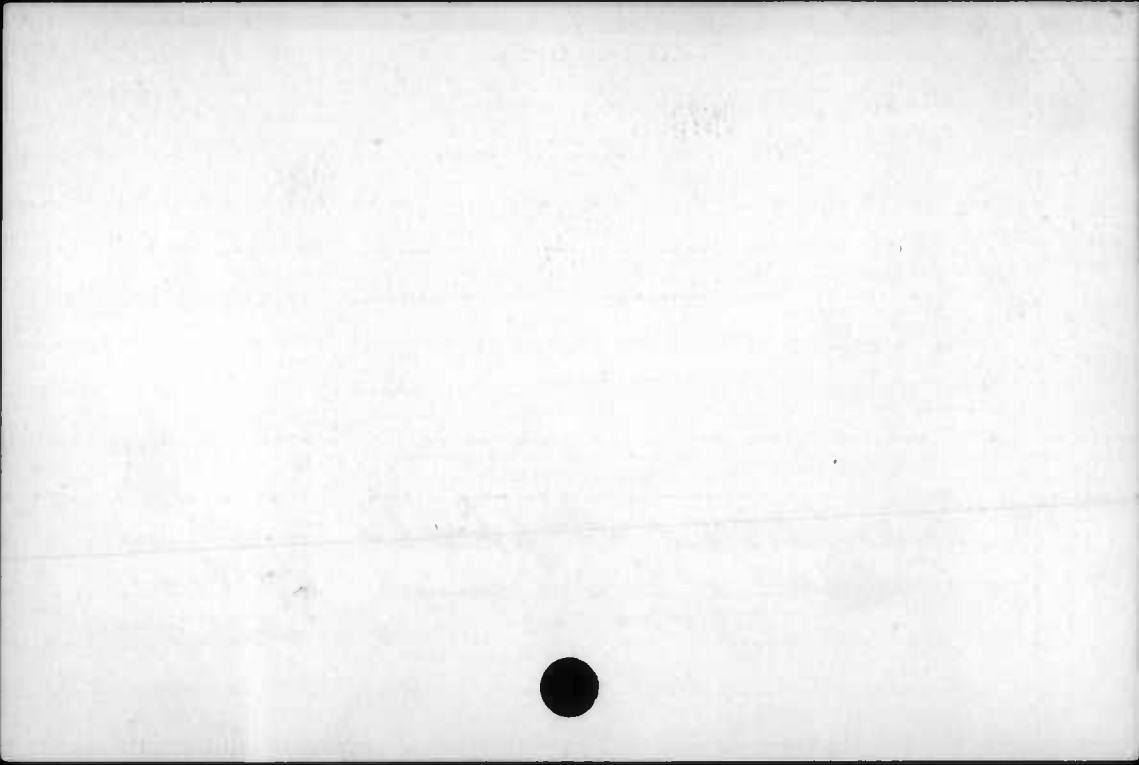
Died at <i>Hereford</i> ^{Town}		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1908 Sept</i>	Month <i>13</i>	Day <i>13</i>	Age <i>76</i>	Months <i>11</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hereford Baltimore</i>		
Occupation		Where Residing if not at place of death <i>Hereford</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Litzsinger</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Elizabeth Weir</i>	Mother's Birthplace <i>Balto</i>				
Name of person giving information <i>Elizabeth Litzsinger</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>1 year</i>
Immediate <i>Heart Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
<div>9</div> Accident or Suicide?	Address <i>Monkton Md</i>



Name
in
FullCharles M^c Dougall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown^{County} BaltoDate of death 1908 ^{Month} Sept ^{Day} 25Age ^{Years} 37

Months

Days

Sex Male

Color or Race White

Birth-place Balto Md.

Occupation Moulder

Where Residing if not at place of death

Home

Married, Single or Widowed Married

Name of Wife or Husband

Kate M^c DougallFather's Name John M^c Dougall

Father's Birthplace Ireland

Mother's Maiden Name Don't Know

Mother's Birthplace Ireland

Name of person giving information Kate M^c Dougall

How related to deceased Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Interstitial Nephritis

How long Unknown

Immediate Coronary of heart & lungs

How long 5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J C Schiffield
148 Hurst St

Accident or Suicide?

St Patrick's Cemetery

Sept 28th 1908

Lilly and Zeiler

Undertakers

Name
in
Full

Mary Elizabeth Markell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sparrow Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	17th	40			
Sex	Female		Color or Race	white		Birth-place	Balto. Co
Occupation	House wife			Where Residing if not at place of death <i>Sparrow Point</i>			
Married, Single Widowed	Name of Wife or Husband			<i>Louis F. Markell</i>			
Father's Name	<i>Jacob Leichner</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>unknown</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Louis F. Markell</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>		How long	<i>1 year</i>
Immediate	<i>Uremic poisoning</i>		How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>J. L. McCormick MD</i>		
Address		<i>Sparrow Point</i>		
Accident or Suicide?		No		

Put Canal Certificate
Sept. 21-1888.
H. Sander & Son

Name
in
Full

Clara E. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

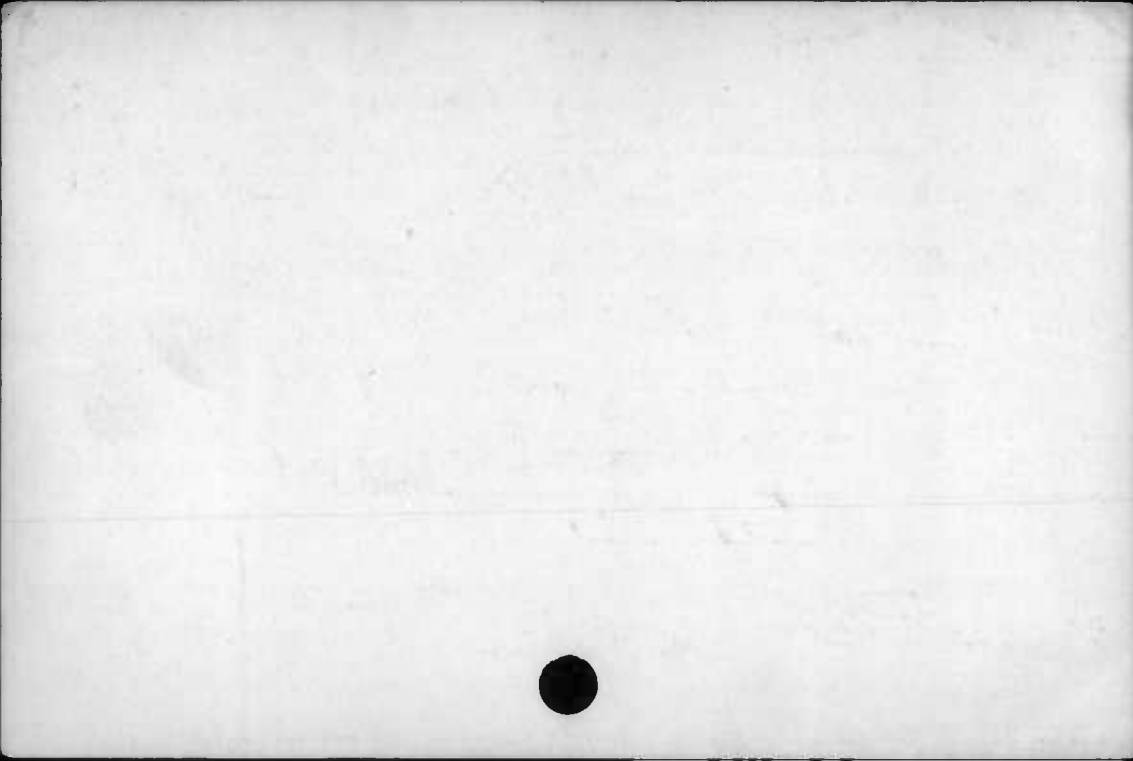
Died at <i>Glen Arden</i>		<i>Beth</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1908</i>	<i>Sept.</i>	<i>4</i>	<i>✓</i>	<i>✓</i>	<i>16</i>
Sex	Color or Race	Birth-place			
<i>Female</i>	<i>white</i>	<i>Ind.</i>			
Occupation	Where Residing if not at place of death				
<i>✓</i>	<i>Same</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>✓</i>	<i>✓</i>				
Father's Name	Father's Birthplace				
<i>Geo S. Miller</i>	<i>Ind.</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Ellen M. Miller</i>	<i>Ind.</i>				
Name of person giving information	How related to deceased				
<i>Geo S. Miller</i>	<i>Father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>16 Days</i>
Immediate	<i>"</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Ans J Green</i>	
		Address	
		<i>Gulings Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Charles Leo Moore

Died at *Whippoorwill P. Club - Shon Colgate Club Balto*

Date of death *1904* Month *Sept* Day *6* Age *20*

Sex *Male* Color or Race *White*

Occupation *Plumber* Where Residing if not at place of death *234 E. Croys St*

Married, Single or Widowed *Married* Name of Wife or Husband *Alveta Moore*

Father's Name *Twin W. Moore*

Mother's Maiden Name *Cornelius Williamson*

Name of person giving information *Twin W. Moore*

Months Days

MARYLAND

Birth-place *Baltimore City*

Father's Birthplace *Balto City*

Mother's Birthplace

How related to deceased *Father*

CAUSES OF DEATH

104

Primary *Acute Indigestion*

Immediate

Are the name, age, sex, color, date and place correctly given above?

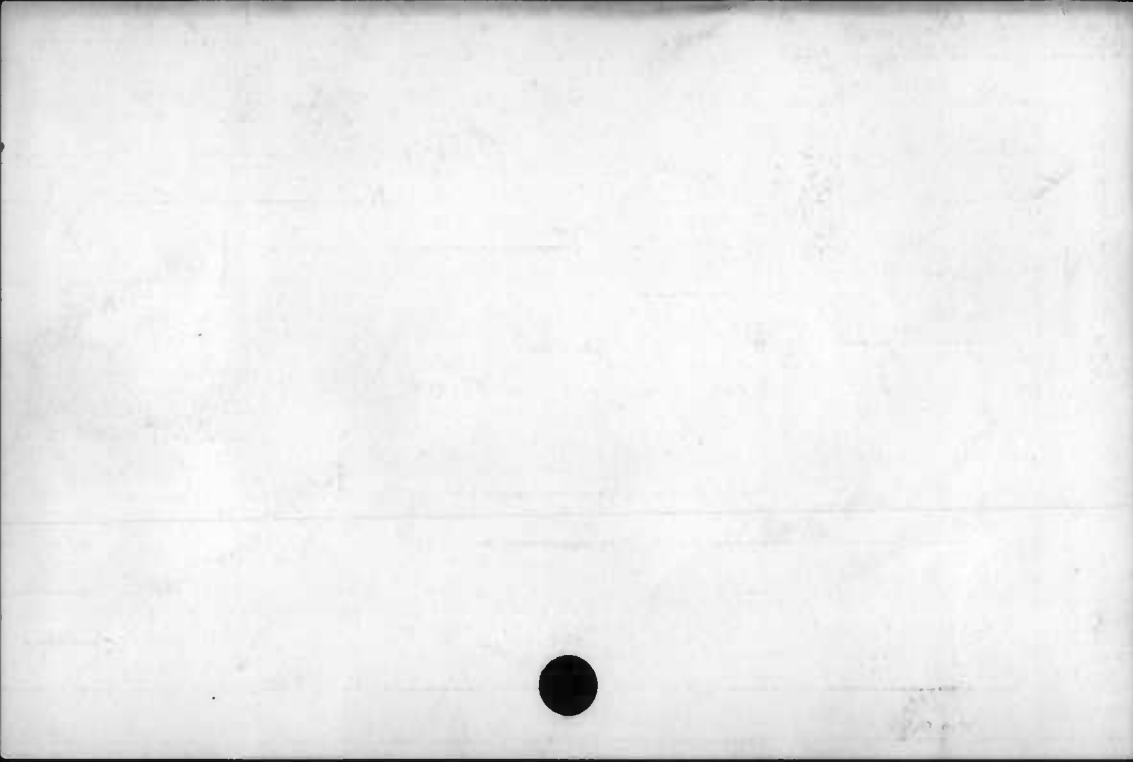
Signature of Physician *W. S. Sudley M.D.*

Address *3356 E. Balto St*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Jennie Moran</i>		Town <i>Roland Park Md</i>		County <i>Baltimore</i>	
Date of death	<i>1908</i>	Month <i>Sept.</i>	Day <i>19</i>	Age <i>60</i>	Years <i>60</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Infant Nurse</i>	Where Residing if not at place of death <i>27 1/2 318 W. Pratt St</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Moran</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>May</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>John Feely</i>	How related to deceased <i>Cohson</i>				

CAUSES OF DEATH

80.

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>I do not know</i>
Immediate <i>Angina Pectoris</i>	How long <i>1 hr + 30 min</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Gibson Porter</i>
	Address <i>Roland Park Md.</i>
Accident or Suicide? <i>No</i>	

John J. Fields 1200 W. Lombard St.

New Canaan

Name in Full		Sarah Morris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Canton		County Balto.		MARYLAND	
	Date of death	1908	Month Sept	Day 20 ^a	Age 51	Years	Months Days
	Sex	Female		Color or Race	White		Birth-place England
	Occupation	Housewife			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband Joseph Morris			
	Father's Name	Patrick Kelly				Father's Birthplace	Ireland
	Mother's Maiden Name	Don't Know				Mother's Birthplace	11 21
Name of person giving information	Joseph Morris				How related to deceased	Husband	
<div>CAUSES OF DEATH</div> <div>45</div>							
PHYSICIAN OR CORONER	Primary	Carcinoma of Bladder				How long	unknown
	Immediate	Cachexia				How long	6 weeks
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Address				M. J. McAvoy M.D. 1839 S. Canton St.		
Accident or Suicide?							

Oak Lawn Cemetery

Sept. 23rd 1908

Lilly and Zeiler
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nunadel Christina</i>		Town <i>Lebanonville</i> County <i>Bullo.</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Months <i>Sept</i> Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Bohemia.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Nunadel.</i>			
Father's Name <i>Lewis Morok</i>		Father's Birthplace <i>Bohemia.</i>			
Mother's Maiden Name <i>Mary Morok</i>		Mother's Birthplace <i>Bohemia</i>			
Name of person giving information <i>Joseph Nunadel</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>3 yrs.</i>
Immediate <i>Acute Nephritis</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Percy Wade</i>
<i>No.</i>	Address <i>Lebanonville Ind</i>
Accident or Suicide? <i>No.</i>	

On a H. G. G. G.

Name
in
Full

Rose Alba J. Nash.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

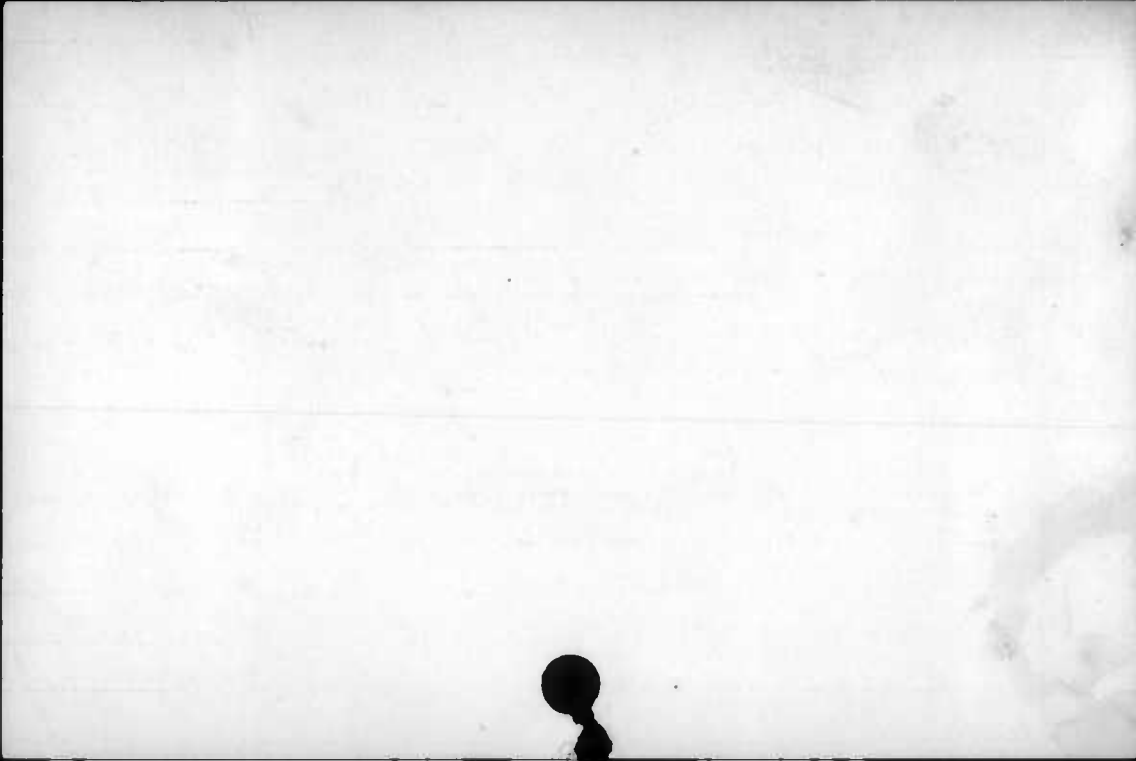
Died at		Town <i>Glencoe</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month <i>Sept</i>	Day <i>30</i>	Age <i>49</i>	Years	Months	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Belfast Md.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Benjamin M. Nash</i>						
Father's Name <i>Joseph C. Eubank</i>	Father's Birthplace <i>Belfast Md.</i>						
Mother's Maiden Name <i>Sophia J. Tracey</i>	Mother's Birthplace <i>Burkley Md.</i>						
Name of person giving In formation <i>Benjamin M. Nash</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Extensive burn of 4th degree of hip & limb</i>	How long <i>5 weeks and 5 days</i>
Immediate <i>Internal ulceration & collapse</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
<i>Filed 1908</i>	Address <i>Moukton</i>
Accident or Suicide?	<i>Md. 5</i>



Name
in
Full

John + Jos. Parson ("twins")

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Balto Co.</u> ^{Town}		County <u>Balto Co.</u>		MARYLAND	
Date of death	190 <u>8</u> ^{Month}	<u>9</u> ^{Day}	<u>27</u> ^{Age}	<u>Years</u>	<u>Months</u> <u>Days</u>
Sex	<u>Males.</u>		Color or Race	<u>White</u>	
Occupation	<u>—</u>		Birth-place	<u>Balto Co</u>	
Where Rasiding if not at place of dasth			<u>14th St.</u>		
Marriad, Single or Widowed	<u>—</u>		Nama of Wife or Husband <u>—</u>		
Father's Name	<u>Clarence Parson</u>		Father's Birthplace	<u>Balt</u>	
Mother's Maiden Name	<u>Lillian Alice</u>		Mother's Birthplace	<u>in</u>	
Name of person giving Information	<u>Clarence Parson</u>		How related to deceased	<u>Father.</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>Bath infant</u>
Immediste		How long	<u>151</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Leo Karhunen MD</u>
Address			<u>111 W. Chesapeake St</u>
Accident or Suicide			<u>Balto MD</u>

Mr. Samuel Kern.

Herrwig & Son
9/28/08

Name in Full Thos Peterson		CERTIFICATE OF DEATH	
Died at Bockey'sville Town		Balds County	
Date of death 1908 Month Sept Day 3		Age 82 Years Months 3 Days 8	
Sex Male		Color or Race White	
Occupation Blackster		Birth-place Barford Co	
Where Residing if not at place of death Ashland			
Married, Single Married		Name of Wife or Sarah R Peterson	
Father's Name Unknown		Father's Birthplace Unknown	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving information W. Peterson		How related to deceased Son	
<div> <div> Killed by Train of Boockey'sville </div> <div> CAUSES OF DEATH Accident </div> <div> (166) </div> </div>			
Primary Accident		How long 24 hours	
Immediate Accident		How long " "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician	
John D. G. Duncan		Address Boockey'sville	
Accident or Suicide?			

Funeral at Poplar

Saturday 4 p.m.

N. C. Brooks

Name
in
Full

Louis Anthony Pfisterer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		9	12	27	10	—	
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	Mechanic		Where Residing if not at place of death				
Married, Yes <u>Widowed</u>	Married		Name of Wife or Husband				
Annie M. Pfisterer							
Father's Name	John M. Pfisterer				Father's Birthplace	Md	
Mother's Maiden Name	Mary E. Loush				Mother's Birthplace	Ind.	
Name of person giving information	Mary E. Pfisterer				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	4 weeks
Immediate	Hæmorrhage	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. L. Burke Md
yes		Address	304 2 Hudson St
Accident or Suicide?			

Crowley Bros
Undertakers

Place of Burial
Holy Redeemer.
Cemetery

Name
in
Full

Dorothy Francis Phillips

CERTIFICATE OF DEATH

Died at ^{Town} *Baltimore* ^{County} *Baltimore*

MARYLAND

Date of death ^{Month} *Sept* ^{Day} *20* ^{Years} *—* ^{Months} *9* ^{Days} *12*Sex *Female* Color or Race *white* Birth-place *Baltimore Co*Occupation *none* Where Residing if not at place of death *Baltimore Co*Married, Single or ~~Widowed~~ *Single* Name of Wife or Husband *Vivian P Phillips*Father's Name *Vivian P Phillips* Father's Birthplace *Baltimore*Mother's Maiden Name *Crowther* Mother's Birthplace *Baltimore*Name of person giving information *Father Vivian P Phillips* How related to deceased *Father*

CAUSES OF DEATH

Primary *Marasmus.* How long *7. months*
Exhaustion How long *4 weeks-*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

H. C. Housh
*Germans, Balto, Md*Accident or Suicide? *neither*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

London Park Cemetery

Sept 22 / 1908

William Park

572 E North Ave

Name
in
Full

Leon P. Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

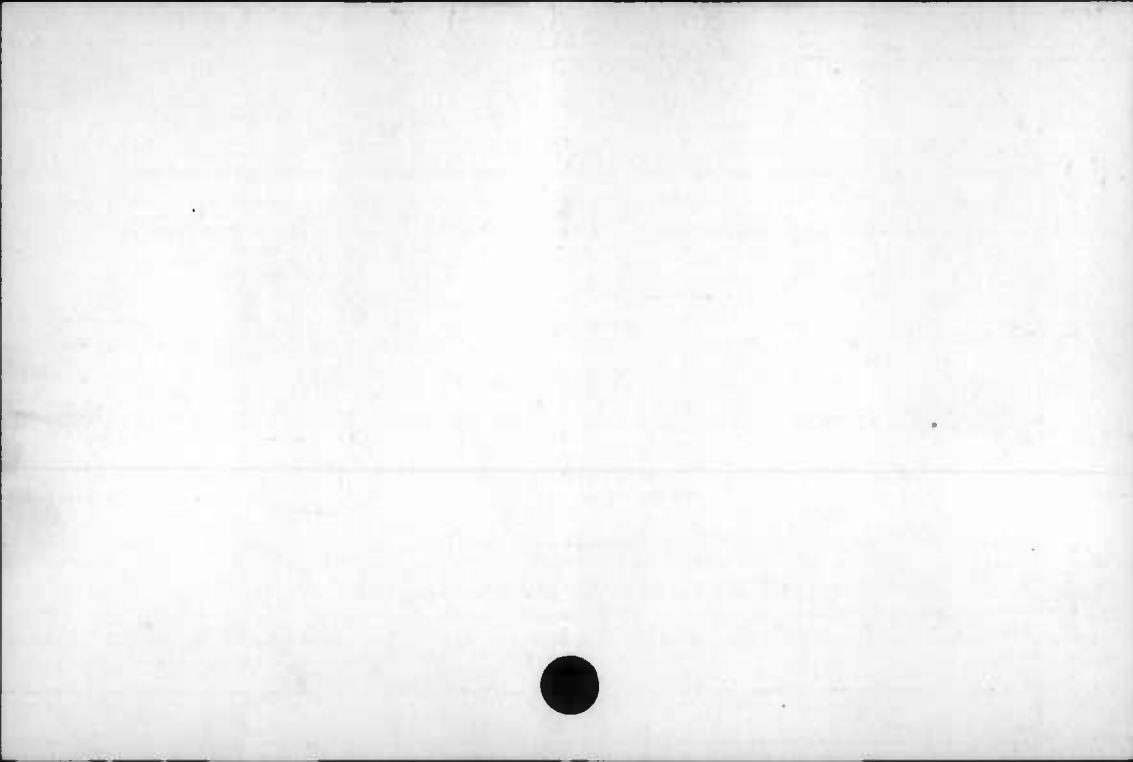
Died at <i>Turners Station</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>9th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>25</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Turners Sta.</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>" "</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Fredrick Plummer</i>				Father's Birthplace <i>M.d.</i>			
Mother's Maiden Name <i>Florence Harold</i>				Mother's Birthplace <i>Wash. D.C.</i>			
Name of person giving information <i>Florence Plummer</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>1 month</i>
Immediate <i>Convulsion</i>	How long <i>1 hour.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. B. McFormick MD</i>
<i>J</i>	Address <i>Sparrows Point</i>
Accident or Suicide? <i>no</i>	<i>M.C. 15</i>



Name
in
Full

Adam Pokazski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sheu Road* ^{Town} *Balt.* ^{County}
 Date of death *1908* ^{Month} *Sept* ^{Day} *19* ^{Age} *6* ^{Years} *10* ^{Months} *10* ^{Days}
 Sex *male* Color or Race *White* Birth-place *ma*
 Occupation *none* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Adam Pokazski* Father's Birthplace *Poland*
 Mother's Maiden Name *Kate Don* Mother's Birthplace *Poland*
 Name of person giving information *Adam Pokazski* How related to deceased *father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Indigestion* How long *30 days*
 Immediate *Diarrhoea* How long *10 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Dr. Szwedski M.D.*
 Address *1713 Bank St*
 Accident or Suicide? *?*

Handed Son
Dear Aaron Leon

Dr. McManis
1888 Columbus
Allen Davis Ave

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John James Rayner</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND			
Died at <i>Highlandtown</i>		Month <i>Sept</i>		Day <i>28</i>		Years <i>6</i>		Months <i>14</i>	
Date of death <i>1908</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>		Age <i>6</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>307 Bouldin St</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>James Rayner</i>	
Mother's Maiden Name <i>Maggie Betzold</i>		Father's Birthplace <i>Balto City</i>		Mother's Birthplace <i>"</i>		How related to deceased <i>Father</i>		Name of person giving information <i>James Rayner</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Park</i>
Accident or Suicide? <i>—</i>	Address <i>Balt. Eastern Dispensary</i>

Most Holy Redeemer

Sept 30th, 1908

J. P. Nicolaus + son

1820 Canton Ave

Name
in
Full

Frances O. Read

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Bovanston</u>		County <u>Baltimore</u>		MARYLAND	
Date of death		Month <u>Sept</u>	Day <u>13th</u>	Age	Years <u>66</u>	Months <u>4</u>	Days <u>3</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>Bovan's Balto Co Md</u>					
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Oliver C Read</u>					
Father's Name <u>Jeremiah L M Burchinal</u>		Father's Birthplace <u>Pennsylvania</u>					
Mother's Maiden Name <u>Mary Johnson</u>		Mother's Birthplace <u>Balto Co Md</u>					
Name of person giving information <u>A. Gertrude Read</u>		How related to deceased <u>daughter</u>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Cardiac Disease</u>	How long	<u>one week</u>
Immediate	<u>Rupture of Compensation & exhaustion.</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>D. Cha C Benson</u>
Yes		Address	<u>1119 Park Avenue</u>
Accident or Suicide?			

George Schilling & Sons

W. Cor Aqueduct & Monument St

Balt. Md.

Friends Cemetery Harford Road

Name
in
Full

Catherine Redmond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

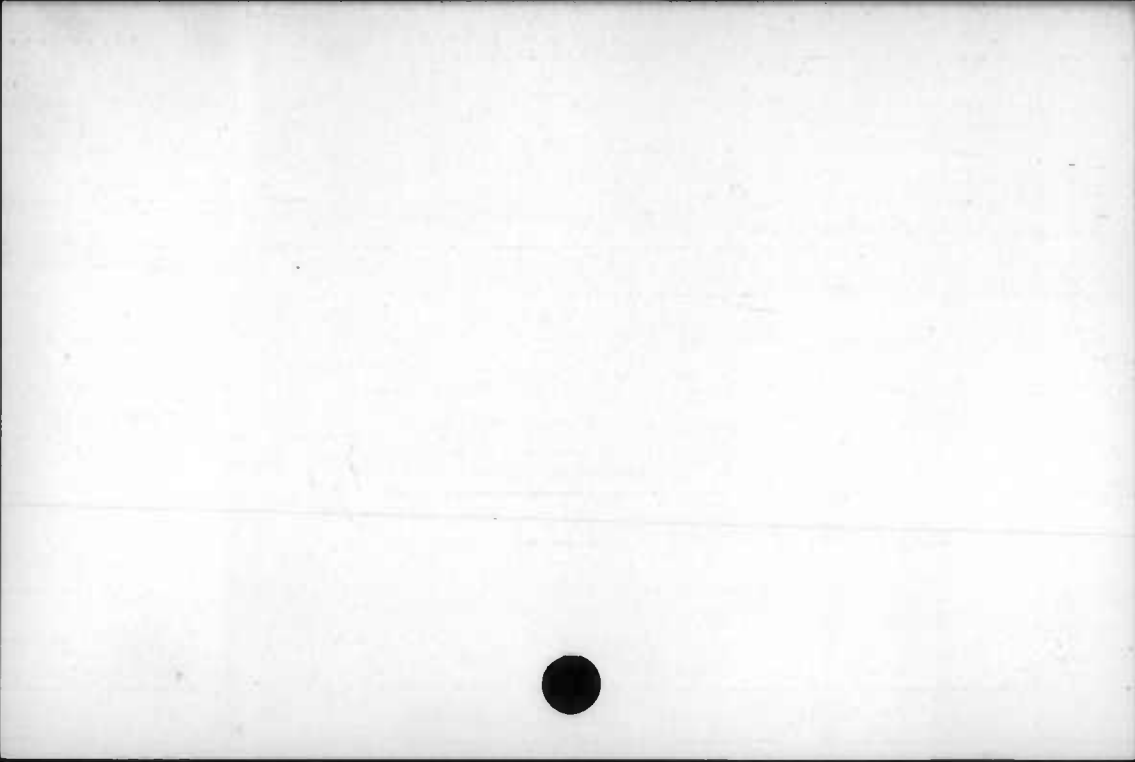
Died at <i>Baltimore</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>18</i>	Age <i>—</i>	Months <i>—</i> Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband		
Father's Name <i>Clarence Thomas Redmond</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Mary Coyle</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Clarence J Redmond</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>6 1/2 mos</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. S. H. Haffelt</i>	
		Address <i>Baltimore Md</i>	
Accident or Suicide?			



Name
in
Full

Hedwig Clara Reett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highland^{County} Baltimore

MARYLAND

Date of death 1908 Sep.

Day 18

Age

Years

Months 1

Days 8

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles Reett

Father's
Birthplace

Germany

Mother's
Maiden Name

Clara Fickelke

Mother's
Birthplace

Germany

Name of person giving
In formation

Clara Reett

How related
to deceased

Mother

CAUSES OF DEATH

93

Primary

Pneumonia

How long

5 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. M. Atkey

Address

Accident or Suicide?

1st Evangelical Cem.

Sept. 20/08

H. Pander Lows

Name
in
Full

Catharine Riedel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto.		MARYLAND	
Date of death		1908	Month Sept	Day 21 st	Age	Years 63	Months 6
						Days 27	
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Germany	
				Where Residing if not at place of death		None Other Res.	
Married, Single or Widowed		Married		Name of Wife or Husband		Matthew Riedel	
Father's Name		George Wiedemiller		Father's Birthplace		Germany	
Mother's Maiden Name		Don't know		Mother's Birthplace		" "	
Name of person giving information		Matthew Riedel		How related to deceased		Husband	

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary	Ball stones, cirrhosis of liver	How long	6 months.
Immediate	Cardiac asthma	How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. E. McClanahan M.D.	
Address		619 S. Clinton St.	
Accident or Suicide?			

Sacred Heart Cemetery

Sept 24th 1908

Lilly and Zeiler

Undertakers

Name
in
Full

Elizabeth Rekornutele

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

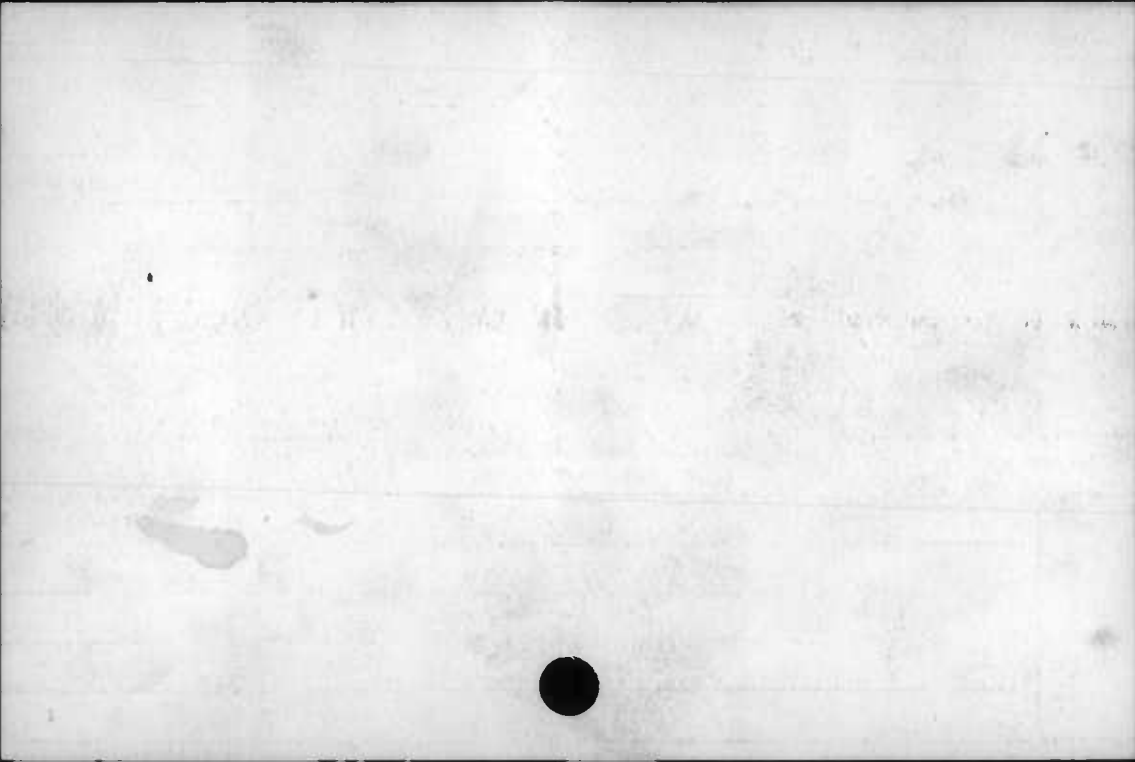
Died at		Town Spinnis Point		County Baltimore		MARYLAND	
Date of death		1905	Month Sept.	Day 15	Age —	Years —	Months 6
Sex Female		Color or Race White		Birth-place Spinnis Point			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Widowed				Name of Wife or Husband —			
Father's Name Stephen Rekornutele				Father's Birthplace Austria			
Mother's Maiden Name Rosa Piehler				Mother's Birthplace Austria			
Name of person giving information Stephen Rekornutele				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enter Cause	How long	8 weeks
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank C. Eldred	
Address		Spinnis Point	
Accident or Suicide?		No	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highlandtown</i>		<i>Baltimore</i>		MARYLAND
	Date of death	<i>1908</i>	<i>Sept</i>	<i>13</i>	Age <i>42</i>
	Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place <i>Essex Co. Va</i>
	Occupation	<i>Housewife</i>		Where Residing if not at place of death	
	Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>John S. Rogers</i>		
	Father's Name	<i>John Scott</i>		Father's Birthplace <i>Essex Co. Va</i>	
	Mother's Maiden Name	<i>Sarah Bird</i>		Mother's Birthplace <i>Essex Co. Va</i>	
	Name of person giving information	<i>Joseph Scott</i>		How related to deceased <i>Brother</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Acute Indigestion</i>		How long	<i>3 days</i>
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Accident or Suicide?		No		
	Signature of Physician		<i>H. L. Richards</i>		
Address		<i>900 S. Canton St</i>			

104

Asbury Cemetery, Sept. 16th. 08

Felix B. Pye, Funeral Director,

102. E. Mulberry St.

Balto, Md.

Name in Full		Richard Ross				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bulter Co		County		Blaine
	Date of death		1908	Month	Sept	Day	18
	Age		90		Years	Months	
	Sex		Male		Color or Race	Colored	
	Occupation		Laborer		Birth-place	Unknown	
	Where Residing if not at place of death		as above				
	Married, Single or Widowed		Unknown		Name of Wife or Husband		
Father's Name		Unknown		Father's Birthplace			
Mother's Maiden Name		Unknown		Mother's Birthplace			
Name of person giving information		J P Chilcoat		How related to deceased			Born
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">95</div> </div>							
PHYSICIAN OR CORONER	Primary		How long		Unknown		
	Immediate		Adenoma of Lung		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Address		Dr. L. C. Bussey		Pineas		
Accident or Suicide?		No		Address		Md	

Funeral at Payson
Saturday 19th

Please return permits
in 6 weeks mail

M. C. Brooks

Name
in
Full

Adalene L. Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>September</i> ^{Month}	<i>23</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>10</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>2834 Lanval st. Balto.</i>		
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Am. N. Russell</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Annie M. Longlay</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving Information <i>Am. N. Russell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	<i>Premature birth 6 1/2 months</i>	How long <i>Life</i>
Immediate	<i>Gangrenosis</i>		How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. H. H. H. H.</i>	
Address <i>1721 N. Payson st Baltimore, Ind.</i>			
Accident or Suicide <i>No</i>			

Mr Olive Cemetery
Sept 23/08 -

Wm Post
502 E North

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elegant to Salisbury</i>		Town <i>Rushburg</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Rushburg</i>		Date of death <i>1908 Sept. 27</i>		Age <i>68</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Rushburg</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Edward H. Salisbury</i>					
Father's Name <i>Mr. Albert Drury</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth Drury</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Ed. Salisbury</i>		How related to deceased <i>"</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Thrombosis</i>	How long	<i>4 days.</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. F. Clayton</i>	
<i>Yes</i>		Address <i>Overlea Md</i>	
Accident or Suicide?			

Ralph Turner
to undertake
not direct.
(Emery.)

Name
in
Full

Elizabeth Schultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto		MARYLAND	
Date of death 1908		Month 9	Day 30	Age —	Months 3
Sex Female		Color or Race White		Birth-place Balto Co.	
Occupation —				Where Reeding if not at place of death 3407 Shuster Pl.	
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Frank Schultz		Father's Birthplace Germany			
Mother's Maiden Name Regina Miller		Mother's Birthplace " " " "			
Name of parson giving Information " Schultz		How related to deceased mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Myocardium	How long	3 weeks
Immediate	Warfare & Exhaustion	How long	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. E. St. James M.D.	
9		Address 3rd St. South	
Accident or Suicide No		Physician and Coroner M.D.	

Sacred Heart Cemetery

J Herwig & Son
10/1/08 ~~7/30/08~~

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Schulz</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Sauraville</i>		City <i>Baltimore</i>			
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>7th</i>	Years <i>50</i>	Months <i>1</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md.</i>		
Occupation <i>Picker & Packer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mr. Charles Schulz</i>				
Father's Name <i>Conrad Schulz</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Hennetta Frank</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Louise Schulz (Wife)</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>	How long <i>?</i>
Immediate <i>Apoplexy</i>	How long <i>3 1/2 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ch. Meyer, Jr. M.D.</i>
	Address <i>#1031 N. Caroline St. Balto. Md.</i>
Accident or Suicide?	

A Rohde & Son
1031 N. Caroline St
~~Chas. Sch.~~

Immanuel Lutheran Cemetery

Ed

Name
in
Full

Bessie Seaks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foreston</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>Sept</i> ^{Month}	<i>3</i> ^{Day}	<i>20</i> ^{Years}	<i>4</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Wife of farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Husband	<i>Charles F. Seaks</i>		
Father's Name	<i>David C. Hoover</i>			Father's Birthplace	<i>Maryland.</i>
Mother's Maiden Name	<i>Mary C. Hoffacker</i>			Mother's Birthplace	<i>Maryland.</i>
Name of person giving information	<i>George DeShazer</i>			How related to deceased	<i>None.</i>

CAUSES OF DEATH

136

PHYSICIAN
OR CORONER

Primary	<i>Confinement, Instrumental delivery</i>	How long	<i>24 hrs</i>
Immediate	<i>Heart Failure</i>	How long	<i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Preslow</i>
Address	<i>Dr. D. M. Rush,</i>		
Accident or Suicide?			<i>Hampstead Ind. 6</i>



Name
in
Full

"Still Born" Seaks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

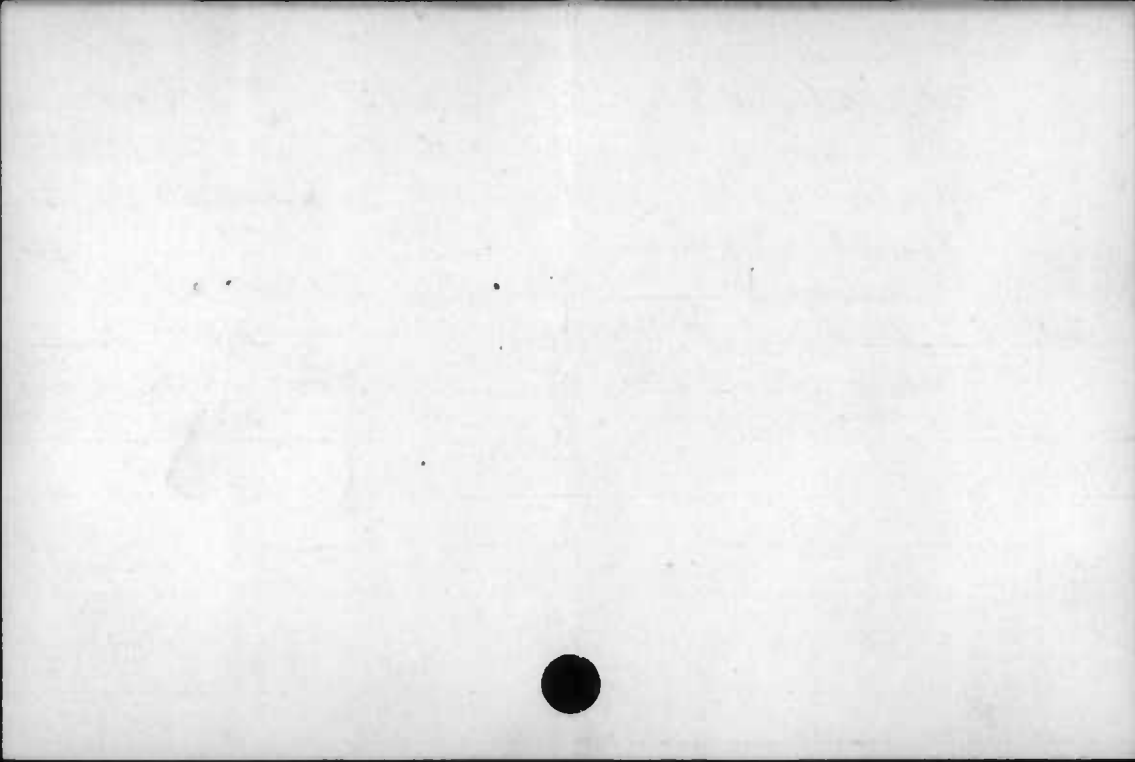
Died at <u>Foreston</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Sept.</u> ^{Day} <u>2</u>		Age <u>Still Born</u> ^{Years}		<u>Months</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Foreston</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Charles J. Seaks</u>		Father's Birthplace <u>Maryland.</u>			
Mother's Maiden Name <u>Bessie Hoover</u>		Mother's Birthplace <u>Maryland.</u>			
Name of person giving information <u>George D. Sharr</u>		How related to deceased			

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary <u>Still Birth</u>	How long <u>Don't know</u>
Immediate <u>Don't know</u>	How long <u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Preslow M.D.</u>
	Address <u>Hampstead Ind. 6</u>
Accident or Suicide?	



Name
in
Full

Edwin D. Selby

CERTIFICATE OF DEATH

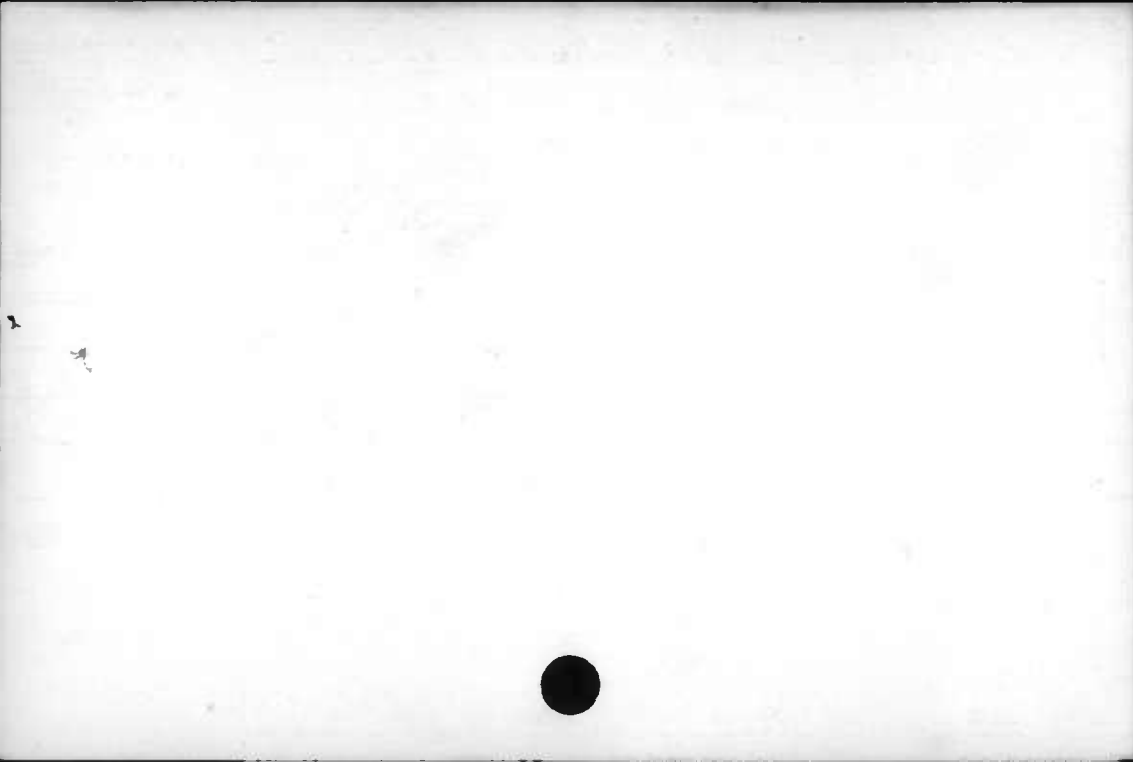
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Reisterstown		Baltimore					
Date of death	1908	Month	Sept	Day	22	Age	68
Sex	Male	Color or Race	white	Birth-place	Harrod co. Md.		
Occupation	Undertaker		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Cecilia C. Selby		Father's Name					
Johnzee Selby		Father's Birthplace					
Baltimore, Md.		Mother's Maiden Name					
Susanna Dorsey		Mother's Birthplace					
Baltimore, Md.		Name of person giving Information					
Cecilia C. Selby		How related to deceased					
wife							

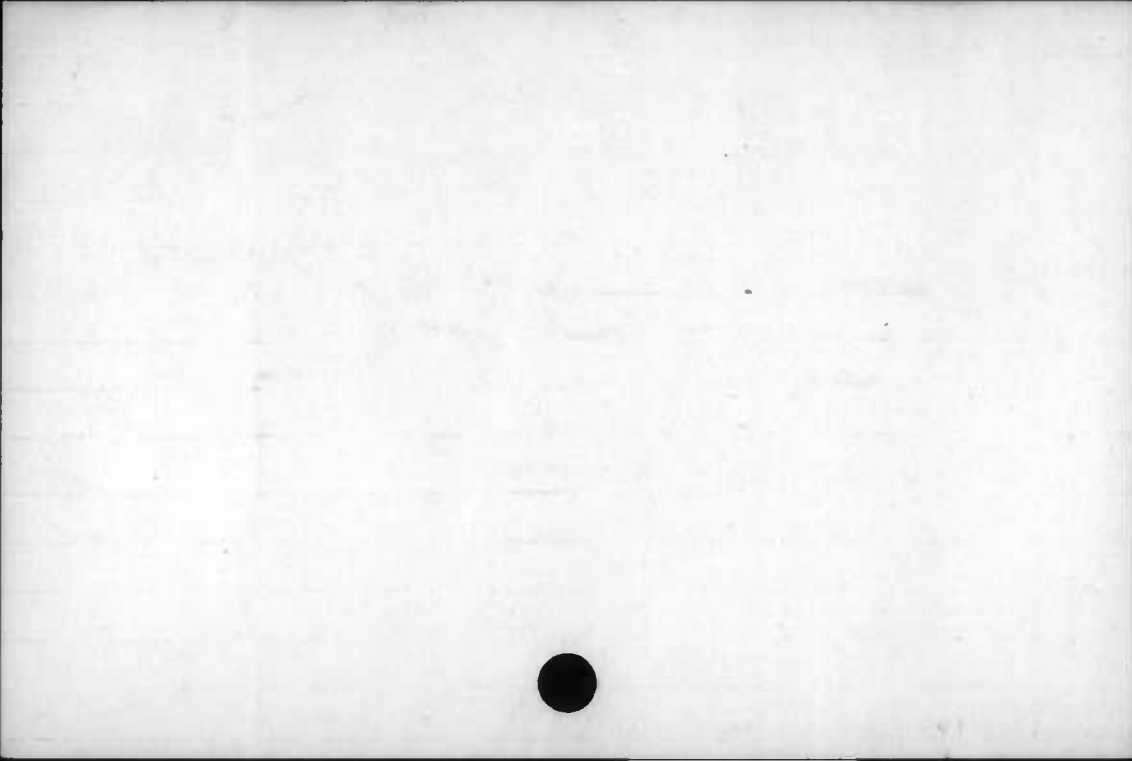
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	Not known
Immediate	Nephritis, Acute	How long	Two weeks
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	J. W. White
		Address	Glyndon
Accident or Suicide	No		



Name in Full		John Skeiblein				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND							
	Arlington		Baltimore											
	Date of death		190	Month	9	Day	6	Age	77	Years	5	Months	23	Days
	Sex		Male		Color or Race		White		Birth-place		Maryland			
	Occupation		Builder		Where Residing if not at place of death		Main St Arlington							
	Married, Single or Widowed		Married		Name of Wife or Husband		Sarah E. Barrett							
	Father's Name		Unknown		Father's Birthplace		Unknown							
	Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown							
Name of person giving information		Geo. Skeiblein		How related to deceased		Son								
				CAUSES OF DEATH		106								
PHYSICIAN OR CORONER	Primary		Gastro Enteritis		How long		3 weeks							
	Immediate		Exhaustion		How long									
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Edwin E. Jones							
					Address		Arlington Md							
	Accident or Suicide?													



Name
in
Full

Henry Shoul

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dist Washington</i>		County <i>Balt.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>18</i>	Age	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Coverer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna L. Shoul</i>				
Father's Name <i>Jos. Shoul</i>	Father's Birthplace <i>Germ.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Germ.</i>				
Name of person giving information <i>Anna Shoul</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <i>Apoplexy from Alcoholic excess</i>	How long <i>10 days</i>
Immediate <i>Coma - Exhaustion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Butler</i>
	Address <i>Dist Washington</i>
Accident or Suicide?	

A. S. Marshall

Daniel Ridgely & Company

Sept. 20 - 1908

Name
in
Full

Mrs. John Shroyer

CERTIFICATE OF DEATH

Died at ^{Town} *Balto Co. Annapolis* ^{County}

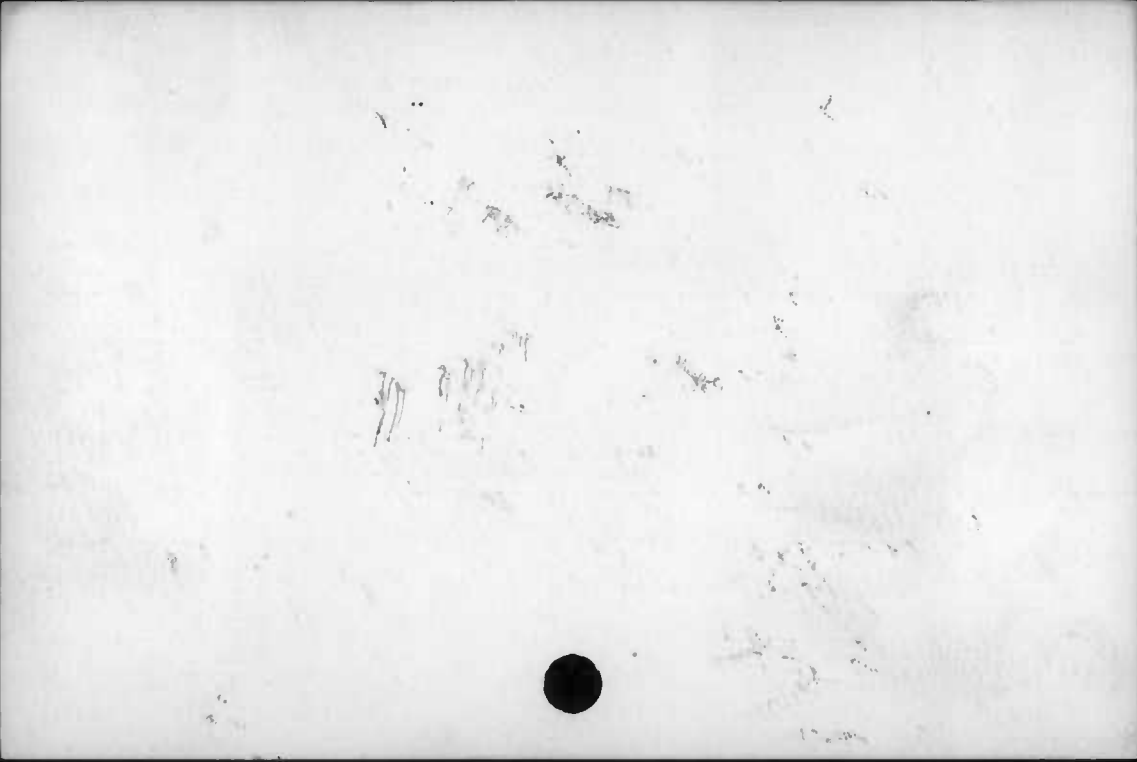
MARYLAND

Date of death *1908* ^{Month} *9* ^{Day} *3* ^{Years} *48* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *White* Birth-place *Unknown*Occupation *Unknown* Where Residing if not at place of death *as above*Married, Single or Widowed *widow* Name of Wife or Husband *Unknown*Father's Name *Lynus Beck* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Chas. W. Myers* How related to deceased *Brother in law*

CAUSES OF DEATH

145

Primary *Elephantiasis* How long *do not know*Immediate *Erysipelas* How long *a month*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. J. C. Bussey*Address *Texas Md 8*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Theodore Sinkereudring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Balt Co Almshouse		Balt Co		MARYLAND			
Date of death		1908	9	19	Age	70	Months	Days	
Sex		male		Color or Race		white		Birth-place	Balt Co Md
Occupation				Where Residing if not at place of death					
Mourner									
Married, Single		Name of Wife or Husband		Unknown					
Widowed									
Father's Name		Unknown		Father's Birthplace		Unknown			
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown			
Name of person giving information		Balt Co Almshouse		How related to deceased		a few days ago			

CAUSES OF DEATH

was admitted.

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Unknown
Immediate	(27)	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Dr. T. C. Bussey
			Address
			Texas
			Md.
Accident or Suicide?		no	

Jos B Cook
Trinity Cem
Sept 19, 1908

Name
in
Full

Levi H. Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Catonsville* Town *Baltimore Co* County

Date of death 190 *8* Month *Sept* Day *29* Age *43* Years Months *3* Days

Sex *Male* Color or Race *Caucasian* Birth-place *N. Va*

Married, Single or Widowed *Married* Occupation *Retired*

Name of Wife or Husband *Bernon D. Small*

Father's Name *Adam Small* Father's Birthplace *N. Va*

Mother's Maiden Name *Mary Meyers* Mother's Birthplace *N. Va*

Name of person giving information *Bernon Small* How related to deceased *Wife*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONERPrimary *Chronic Nephritis.*Immediate *Edema Lungs.*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

R. H. Johnston,
919 N. Charles St.

Accident or Suicide?

George. J. Smith & Co.
London Park.

Name in Full		martha B. Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ruxton		Baltimore		MARYLAND		
	Date of death	1908	Sept	30 th	Age	80	Months 3 Days 16	
	Sex	female		Color or Race	white		Birth-place	
	Occupation	none		Where Residing if not at place of death		Philadelphia		
	Married, Single or Widowed	Widow		Name of Wife or Husband		Henry C. Smith		
	Father's Name	Charles Herbert				Father's Birthplace	Philadelphia	
	Mother's Maiden Name	Martha Berryman Herbert				Mother's Birthplace	Philadelphia, Pa.	
Name of person giving information	Chas. Pleasant				How related to deceased	Son in Law		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">120</div>								
PHYSICIAN OR CORONER	Primary	Myocarditis Arterio-sclerosis Chronic nephritis					How long	Some years
	Immediate	uraemia & heart failure					How long	9 days
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto;"></div>					Address		
M. W. Dabney M.D. Union-Protestant Infirmary								
Accident or Suicide? <input type="checkbox"/>								

Stewart & Mowen Co.
Funeral Directors.
215 Park Cir.

for interment in

Greenmount Cemetery
Oct. - 3rd 1908.

Name
in
Full

Infant child of Isaac & Georgia Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

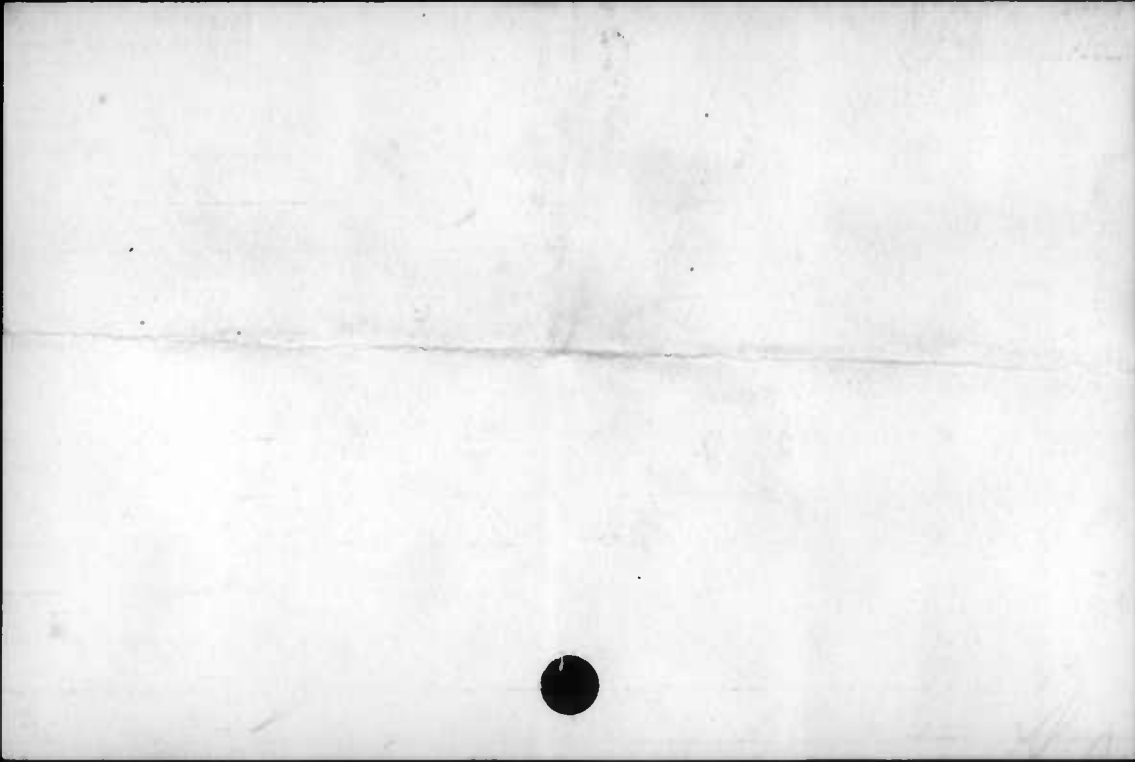
Died at <u>Roslyn</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1908	Month	9	Day	14
Age		Years		Months	Days
Sex	Male		Color or Race	Colored	
Occupation			Birth-place	Roslyn	
Where Residing if not at place of death			Roslyn		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Isaac Smith		
Mother's Maiden Name			Georgia Waters		
Name of person giving information			Isaac Smith		
Father's Birthplace			Va.		
Mother's Birthplace			Bald. Co.		
How related to deceased			Father		

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	Still born	How long	about 7 mts
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. E. Mc	
Address		Baltimore	
Accident or Suicide?			



Name
in
Full

Eolen C. Sparwasser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Washington</i> ^{Town}		<i>Balto Co</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept.</i>	Day <i>4</i>	Age <i>1</i>	Years <i>13</i>
Sex	<i>Female</i>		Color or Race <i>white</i>	Birth-place <i>Balto City</i>	
Occupation	<i>Infant</i>		Where Residing if not at place of death	<i>Mt Washington</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Harry Sparwasser</i>			Father's Birthplace	<i>Balto Co</i>
Mother's Maiden Name	<i>C. Lauer</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Harry Sparwasser</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria. Enteritis</i>	How long	<i>10 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. A. Fair</i>
		Address	<i>12 E 25th St - Baltimore, Md.</i>
Accident or Suicide?	<i>—</i>		

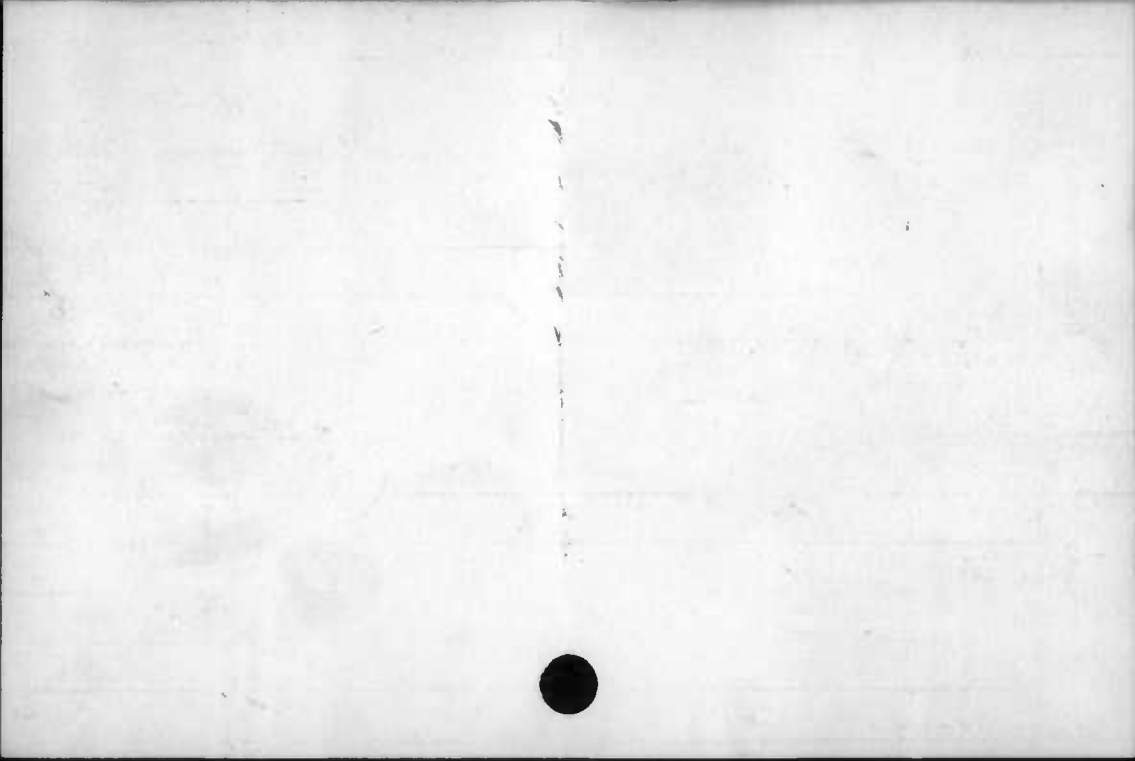
N. S. Marshall

3539 Fall Road

Sept. 5-1908

Dried Ridg & Cemetery

Name in Full		Delia Speed				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hannover St. Blad. Co. Md.		County Blad.		MARYLAND	
	Date of death	1908	Month Sept.	Day 6	Years 51	Months	Days
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	domestic		Where Residing if not at place of death		713 E. St.	
	Married, Single or Widowed	Married		Name of Wife or Husband	Unknown Delia Speed		
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
	Name of person giving information	William Speed				How related to deceased	
<div style="display: flex; justify-content: space-between;"> <div> CAUSES OF DEATH </div> <div> 77 </div> </div>							
PHYSICIAN OR CORONER	Primary	Acute Pericarditis				How long	6 wks
	Immediate	Exhaustion				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Jas. L. Brady, M.D.
	Accident or Suicide?	No				Address	3 E. 1st York Highlandtown Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>Sept</i> ^{Month}	<i>22</i> ^{Day}	Age <i>86</i> ^{Years}	<i>2</i> ^{Months} <i>26</i> ^{Days}
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Va.</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Edward N. Spiller</i>				
Father's Name <i>Wm Kinstorrough</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Rachael McCoy</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Joseph Oliver</i>	How related to deceased <i>Grandson</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Myocardial heart disease</i>	How long <i>About 5 years</i>
Immediate <i>Sclerotic Arterial Sclerosis</i>	How long <i>about one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Folds</i>
<i>9</i>	Address <i>Washington Md</i>
Accident or Suicide?	

For Removal to Loudon Park
Cemetery

E. W. Mitchell
1201 W. Fayette St
Baltimore

Name in Full Rettie C. Stallings		CERTIFICATE OF DEATH	
Died at Lonsdowner <small>Town</small>		Baltimore <small>County</small>	
Date of death 1908 <small>Month</small> Sept <small>Day</small> 24 <small>Age</small> 33 <small>Years</small> 2 <small>Months</small> 15 <small>Days</small>		MARYLAND	
Sex female <small>Color or Race</small> white		<small>Birth-place</small> Baltimore Md	
Occupation House wife		Where Residing if not at place of death	
Married, Single or Widowed married		Name of Wife or Husband Chas E. Stallings	
<small>Father's Name</small> Charles M. Bloomfield		<small>Father's Birthplace</small> St Louis. Mo.	
<small>Mother's Maiden Name</small> Mary C. Wagner		<small>Mother's Birthplace</small> Baltimore, Md	
<small>Name of person giving information</small> Chas. E. Stallings		<small>How related to deceased</small> Husband	
CAUSES OF DEATH			
Primary Interstitial Nephritis		How long about 5 months	
Immediate Septaemia (due to miscarriage)		How long 2 weeks	
Are the name, age, sex, color, date and place correctly given above? yes		<small>Signature of Physician</small> Frank H. Ruhl	
9		<small>Address</small> Lonsdowner Balt Co. Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

137

Louden Park

Geo B. Cook.

Name
in
Full

Barbara Suee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND	
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>20</i>	Age <i>63</i>	Years	Months <i>11</i>	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bohemia</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>St Denis, Md</i>				
Married, Single <i>Widowed</i>			Name of Wife or Husband <i>Frank Suee Sr.</i>				
Father's Name <i>John Panusk</i>			Father's Birthplace <i>Bohemia</i>				
Mother's Maiden Name <i>Catherine (Unknown)</i>			Mother's Birthplace <i>Bohemia</i>				
Name of person giving information <i>Frank Suee Sr</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Aortic Insufficiency</i>	How long <i>Several years</i>
Immediate <i>Cardiac dilatation</i>	How long <i>6 or 7 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M.R. Eareckson</i>
	Address <i>Eek Ridge Md</i>
Accident or Suicide?	

Oak Hill Cem.

Herwig & Son

9/22/08

2

Name
in
Full

Charles E. R. Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Md. Line Town

County

Bulter.

MARYLAND

Date of death 1908 Month 9Day 27Age 5-9 Years10 Months10 DaysSex MaleColor or Race WhiteBirth-place MarylandOccupation Laborer

Where Residing if not at place of death

BaltimoreMarried, Single or Widowed Single

Name of Wife or Husband

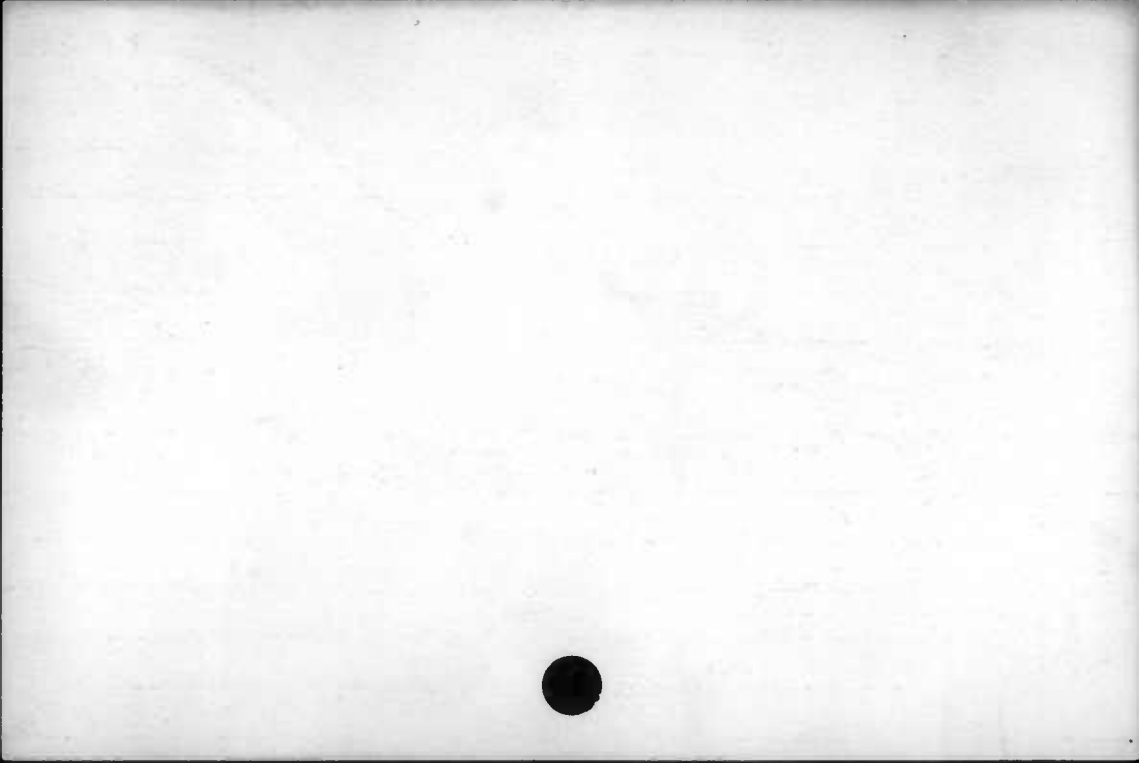
Father's Name Benson SullivanFather's Birthplace UnknownMother's Maiden Name Rebekah RoystonMother's Birthplace UnknownName of person giving information T. B. McLaughlinHow related to deceased Brother-in-law

CAUSES OF DEATH

80

PHYSICIAN
OR CORONERPrimary Angina PectorisHow long - attacks coming one weekImmediate Angina PectorisHow long one half hourAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Milton Carl KrummelAddress Shrewsbury Pa

Accident or Suicide?



Name
in
Full

Hannah Swanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908 Sept. 18</i>		Month <i>8</i>		Day <i>18</i>		Age <i>32</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Sweden</i>			
Occupation <i>domestic</i>		Where Residing if not at place of death <i>St. Agnes's Hospital</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>unknown</i>		Father's Birthplace <i>Sweden</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Sweden</i>					
Name of person giving information <i>Mrs. Priez</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate	<i>Dilatation of the heart</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>E. J. Sandbrook</i>
		Address <i>St. Agnes's Hospital</i>
Accident or Suicide?		



Name
in
Full

Mathilde Torsch

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1908	Month <i>Sept.</i>	Day <i>18</i>	Age <i>34</i>	Years <i>10</i>	Months <i>10</i>	Days <i>26</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife Husband <i>C. Burnet Torsch</i>							
Father's Name <i>Louis Praeger</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Mary Knefelz</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>C. Burnet Torsch</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Influenza P. B.</i>	<i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Heart failure</i>		How long <i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Marshall B. West,</i>	
	Address <i>Catonsville, Md.</i>	
		
		
Accident or Suicide?		

London Park.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

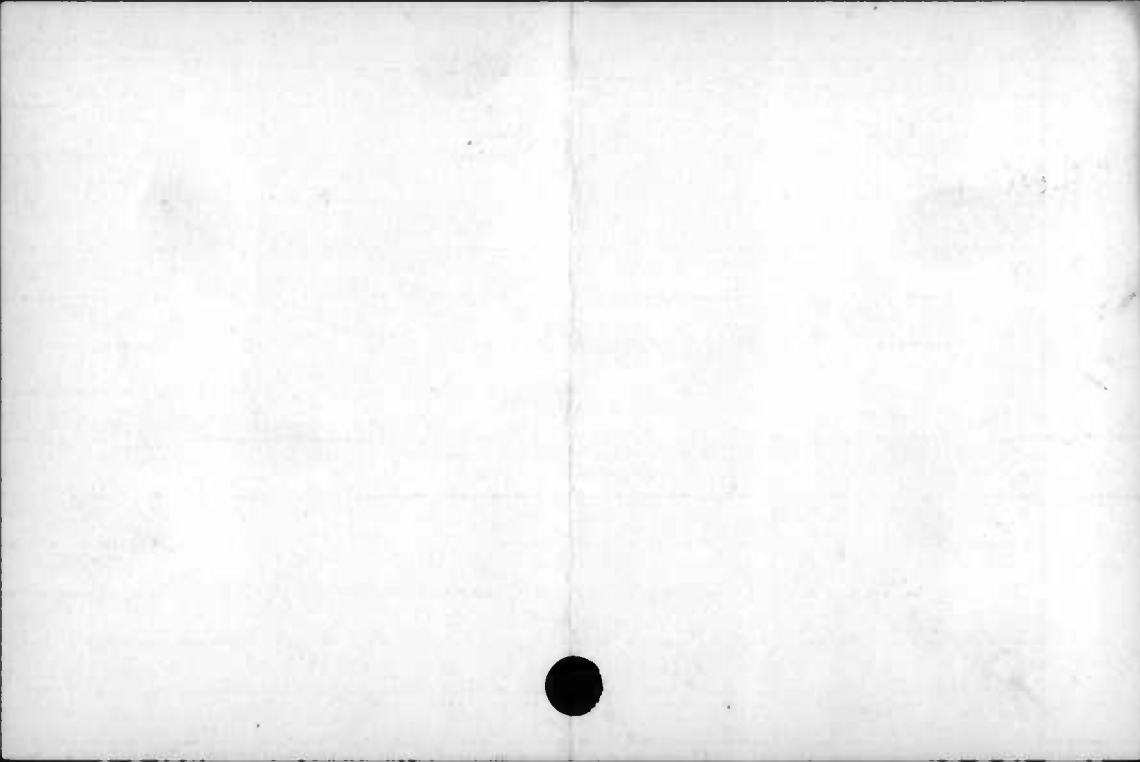
Name in Full <i>John, Gilbert Tucker</i>		Town <i>Torch</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Torch</i>		Month <i>Sept</i>		Day <i>25</i>		Years <i>6</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>25</i>		Years <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hyattsville Md.</i>		Months <i>13</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i></i>			
Father's Name <i>John, E. Tucker</i>				Father's Birthplace <i>Boston Mass</i>			
Mother's Maiden Name <i>Maria, L. Clayton</i>				Mother's Birthplace <i>Howard Co. Md.</i>			
Name of person giving information <i>John, E. Tucker</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>		How long <i></i>
Immediate <i>Spinal meningitis</i>		How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>X</i>		Signature of Physician <i>John S. Green</i>
		Address <i>Wittings, Md.</i>
Accident or Suicide? <i>2</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Nancy A. Turnbaugh*Died at *Sunnybrook* ^{Town}*Baltimore* ^{County}

MARYLAND

Date of death *1908 Sept.* ^{Month}Day *H*Age *19* ^{Years}Months *5*Days *3*Sex *Female*Color or Race *White*Birth-place *Balto. Co. Md.*Occupation *Housemaid*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Wm. Henry Turnbaugh*Father's Birthplace *Balto. Co. Md.*Mother's Maiden Name *Mary Horroa Cochran*Mother's Birthplace *Illinois*Name of person giving information *Wm. H. Turnbaugh*How related to deceased *Father*

CAUSES OF DEATH

(27)

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

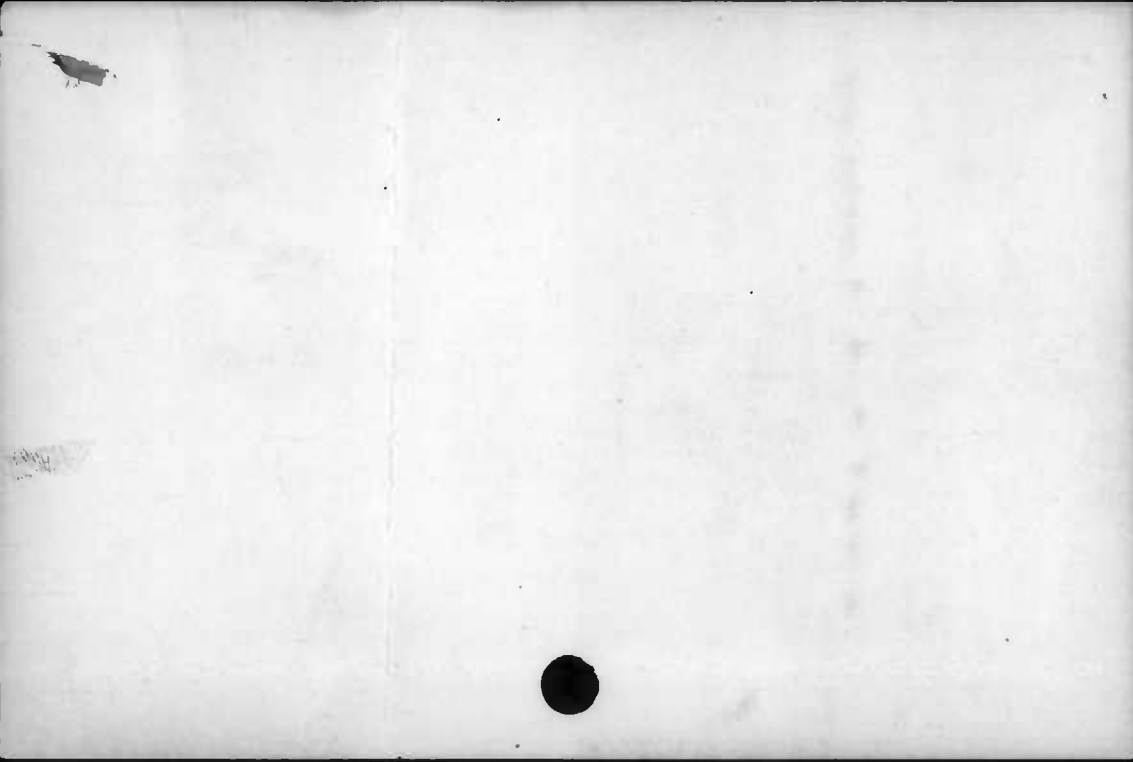
Signature of Physician

Address

John A. Green
Hittings
Md.

Accident - Suicide?

*yes**10*



Name
in
Full

Herbert H Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Highlandtown^{County} Balto

MARYLAND

Date of death 1908 Sept.

Day 10

Age Years

Months 6

16 Days

Sex Male

Color or Race

White

Birth-place

Md.

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Frank C. Turner

Father's Birthplace

Md.

Mother's Maiden Name

Mary Bowman

Mother's Birthplace

Md.

Name of person giving information

Frank C. Turner

How related to deceased

father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Dentition

How long

one week

Immediate

Exhaustion, & Convulsion

How long

2 1/2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Jas S. Dumas

Address

3 and 1/2 South
Highlandtown Md

Accident or Suicide?

No

H. Sander & Sons

Sep. 12/08

Havre de Grace

Harford Co.

Maryland

Name
in
Full

Vive, Tina

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beltsouth		County Balt.		MARYLAND	
Date of death		Month Sept.	Day 14	Age Years 53		Months 6	Days 11
Sex Female		Color or Race White		Birthplace Maryland			
Occupation Housewife				Where Residing if not at place of death X			
Married, Single or Widowed Married		Name of Wife or Husband Luk.					
Father's Name John Long				Father's Birthplace Germany			
Mother's Maiden Name Barthelme Winterstein				Mother's Birthplace Germany			
Name of person giving information Fred J. Weil				How related to deceased Son.			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Melancholia	How long	1 yr.
Immediate	Cerebral Hemorrhage	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Percy Wade	
Yes		Address Beltsouth, Md.	
No.			
Accident or Suicide?			

Balt. cemetery.
Jos B Cook

Name in Full		Benjamin Whiteley				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Union ^{Town} Protestant Infirmary		County		MARYLAND						
	Date of death	1908	Month	Sept	Day	26	Age	Years 64	Months		Days	15
	Sex	Male		Color or Race	White		Birth-place	Frederick Del				
	Occupation	Physician				Where Residing if not at place of death						
	Married, Single or Widowed	Married		Name of Wife or Husband								
	Father's Name	Dr Albert Whiteley					Father's Birthplace	Whiteleysburg Md				
	Mother's Maiden Name	Elizabeth Ann Townsend					Mother's Birthplace					
Name of person giving information	W W Baker					How related to deceased						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 60px; margin: 0 auto; padding: 5px;">143</div>												
PHYSICIAN OR CORONER	Primary	Carbuncle back of neck					How long	5-3 days				
	Immediate	Septicæmia					How long					
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		Peregrine Wroth M D				
						Address						
<div style="text-align: center;">Accident or Suicide?</div>												

Henry W Jenkins Sons & Co

Frederica

Kent Co

~~Del~~
Del

Name
in
Full

Earl Nelson Wiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Abertown</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Sept.</u>	Day	<u>8</u>
Age		<u>90</u>	Years	<u>3</u>	Months
Sex		<u>Male</u>	Color or Race	<u>White</u>	Birth-place
Occupation		<u>none</u>	Where Residing if not at place of death		
Married, Single or Widowed		<u>Single</u>	Name of Wife or Husband		
Father's Name		<u>William Durkins</u>	Father's Birthplace		
Mother's Maiden Name		<u>Rosa Wiles</u>	Mother's Birthplace		
Name of person giving information		<u>Louis Wiles</u>	How related to deceased		
		<u>Uncle</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>About 10 Weeks</u>
Immediate	<u>Asthenia</u>	How long	<u>About 10 Weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>W. B. Gambrell</u>	
		Address	
		<u>Bellicott City, Md.</u>	
Accident or Suicide?			

Albion Methodist Cemetery.
Easton Sons.

Name
in
Full

Milton Melcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roseburg</u> Town		<u>Balt</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>9</u>	Day <u>16</u>	Age <u>1</u> Years	Months <u>3</u> <u>4</u>	Days <u>28</u>
Sex <u>M</u>	Color or Race <u>W</u>		Birth-place <u>Balt. City</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>1811 E. Biddle St.</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Fred C. Melcher</u>			Father's Birthplace <u>Balt. Md.</u>		
Mother's Maiden Name <u>Eliz. Duff</u> W. Duff			Mother's Birthplace <u>Balt. Md.</u>		
Name of person giving information <u>F. C. Melcher</u>			How related to deceased <u>Father.</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>2 months</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual onset.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. L. Melhuison</u>
<u>9</u>	Address <u>Roseburg, Ind.</u>
Accident or Suicide?	

Mr. Samuel Lewis
Herrington
9/16/28

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

How long

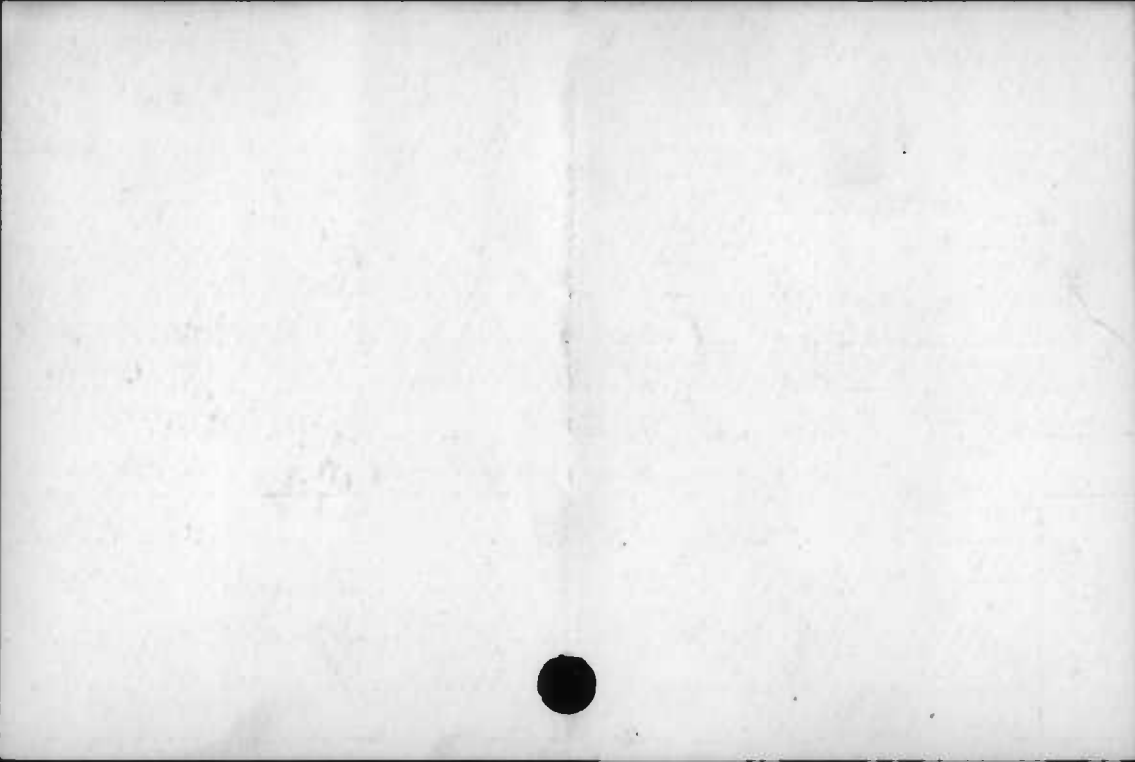
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Franklin Wilson

CERTIFICATE OF DEATH

Died at <i>Raspeburg</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>9</i> ^{Day} <i>30</i> ^{Years} <i>Age</i> <i>30</i> ^{Months} <i>2</i> ^{Days} <i>5</i>					
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i></i>		Where Residing if not at place of death <i>Raspeburg</i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>Frank Wilson</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Florence Wikert</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Ida Wikert</i>		How related to deceased <i>Grand Mother</i>			

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Marasmus</i>	<i>151</i> How long <i>4 Wks</i>
	Immediate	<i>Exhaustion</i>	How long <i>1 Wk</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. F. Calley</i>
			Address <i>Overlea Md</i>
	Accident or Suicide?		

F. Harschi & Sons
Jerusalem Cemetery

Name
in
Full

R. Noble Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

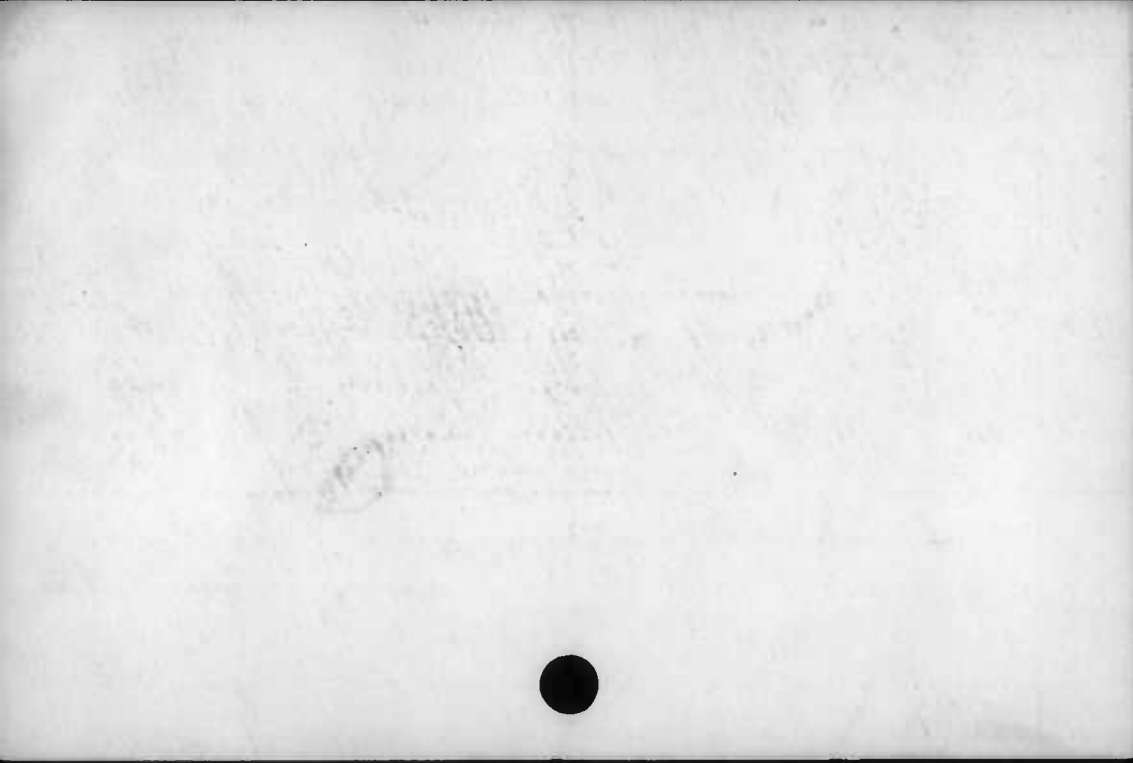
Died at <u>Germantown</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month <u>9</u>	Day <u>1</u>	Age <u>37</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Landlord</u>	Where Residing if not at place of death <u>Rockyville Md</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Ida C. Wilson</u>				
Father's Name <u>Paul John Wilson</u>	Father's Birthplace <u>Baltimore Md</u>				
Mother's Maiden Name <u>Rachel Mathews</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Ida C. Wilson</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary <u>Angina Pectoris</u>	How long <u>Immediate</u>
Immediate <u>Immediate</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. H. Stevenson</u>
	Address <u>Rockyville Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

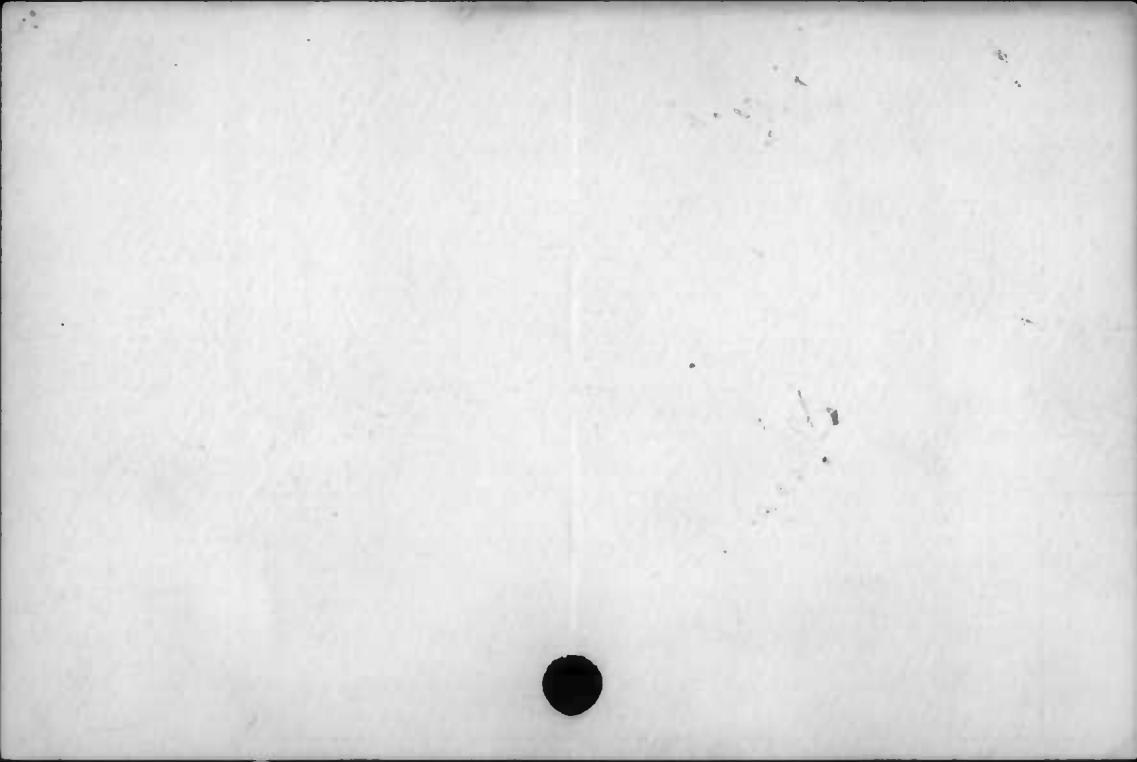
Died at		Town Friedlands		County Baltimore			
Date of death		1908	Month Sept	Day 3	Age Years 148	Months 10	Days 27
Sex Female		Color or Race White		Birth- place Penna.			
Occupation House wife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Alexander J. Wincholt.					
Father's Name Edward L. Oster		Father's Birthplace Baltimore					
Mother's Maiden Name Mary R. Miller		Mother's Birthplace Penna.					
Name of person giving information Alexander J. Wincholt.		How related to deceased					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	—
Immediate	Thromboplegia.	How long	15 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Jas. L. Gayle.	
Address		New Friedlands, Pa.	
Accident or Suicide?		9	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josiah H York
 Died at *Beugis* Town *Baet* County
 Date of death 1908 *Sept* Month *28* Day *87* Age *64* Years Months Days
 Sex *male* Color or Race *white* Birth-place *md*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *married* Name of Wife or *Marion York*
~~Husband~~
 Father's Name *Wm York* Father's Birthplace *md*
 Mother's Maiden Name *Priscilla* Mother's Birthplace *md*
 Name of person giving Information *Mary C. Pickett* How related to deceased *sister*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Alcohol, Disease, Heart* How long *Several yrs*
 Immediate *Asphyxiation* How long *1 month*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *John W. Hamman, M.D.*
 Address *Middle River*
 Accident or Suicide *no*

